

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000295 (6)

1. Corporation Name

DOVE FAMILY WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

6900 SILVER STAR RD
SUITE 112
ORLANDO FL 32818
US

6900 SILVER STAR RD
SUITE 112
ORLANDO FL 32818
US

2. Principal Place of Business

21 6900 Silver Star Rd

2a. Mailing Address

26 6900 Silver Star Rd.

Suite, Apt. #, etc.

22 Suite 211

Suite, Apt. #, etc.

27 Suite 211

City & State

23 Orlando FL

City & State

28 Orlando FL

Zip

24 32818

Country

25 USA

Zip

29 32818

Country

30 USA

9. Name and Address of Current Registered Agent

GRANT, RICHARD W.
8212 OLD GROVE DR
ORLANDO FL 32818

3. Date Incorporated or Qualified

01/25/1993

4. FEI Number

59-3159325

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GRANT, RICHARD W
STREET ADDRESS 8212 OLD GROVE DR
CITY-ST-ZIP ORLANDO FL

TITLE VD ☐ DELETE

NAME GRANT, FRANCES A
STREET ADDRESS 8212 OLD GROVE DR
CITY-ST-ZIP ORLANDO FL

TITLE TD ☐ DELETE

NAME NELSON, VICTOR
STREET ADDRESS 3328 NIPINICKET CT
CITY-ST-ZIP ORLANDO FL

TITLE SD ☐ DELETE

NAME BEASON, TREVOR
STREET ADDRESS 1503 HIGH GROVE WAY
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/29/98 407 521 6581

CR2E037 (5/98)

FILED
Oct 14 1998 8:00am
Secretary of State

