FILE NOW: FILING FEE IS $61.25

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90036 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
199

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

DOCUMENT # **N96000004084 (7)**

1. Corporation Name
WHITE DOVE MINISTRIES, INC.

Principal Place of Business	Mailing Address
4585 SEATTLE ST COCOA FL 32927	4585 SEATTLE ST COCOA FL 32927

3. Date Incorporated or Qualified: 08/05/1996

4. FEI Number: 31-1475948 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 898 (Temporary)
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: Murphy, NC.
24 Zip / 25 Country	29 Zip: 28906. / 30 Country: Cherokee

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

9. Name and Address of Current Registered Agent

BRADLEY, FRANCIS M
4585 SEATTLE ST
COCOA FL 32927

10. Name and Address of New Registered Agent

81 Name: same
82 Street Address (P.O. Box Number is Not Acceptable): 427 Timberlake Dr.
83
84 City: Melb. FL 85 Zip Code: 32940.

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Add
NAME	GLASS, HARVEY G		1.2 NAME	
STREET ADDRESS	4585 SEATTLE ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32927		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Add
NAME	GLASS, JODY		2.2 NAME	
STREET ADDRESS	4585 SEATTLE ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32927		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Add
NAME	BRADLEY, FRANCIS M		3.2 NAME	
STREET ADDRESS	427 TIMBERLAKE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Add
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Add
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Add
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Jody R Glass Jody Glass 4-29-99 828-837-0272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0019003