

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004084

FILED
Apr 30, 2009
Secretary of State

Entity Name: WHITE DOVE MINISTRIES, INC.

Current Principal Place of Business:

425 SUMMIT RIDGE #207
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

PO BOX 1401
BLAIRSVILLE, GA 30512

New Mailing Address:

FEI Number: 31-1475948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANYA, GLASS E
425 SUMMIT RIDGE #207
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: GLASS, HARVEY G
Address: PO BOX 1401
City-St-Zip: BLAIRSVILLE, GA 30512

Title: VP () Delete
Name: GLASS, JODY
Address: PO BOX 1401
City-St-Zip: BLAIRSVILLE, GA 30512

Title: SEC () Delete
Name: TANYA, GLASS E
Address: 425 SUMMIT RIDGE #207
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: PAUL, MAUER
Address: 12108 WEST KINGS GATE ROAD
City-St-Zip: KNOXVILLE, TN 37934

Title: D () Delete
Name: CHERIE, WASIT D
Address: 159 AUTUMN VIEW
City-St-Zip: BLAIRSVILLE, GA 30512

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODY R. GLASS

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date