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Jan 28, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006201

1. Corporation Name

DOVE OUTREACH MINISTRIES, INC.

Principal Place of Business

8359 STATE ROAD 100
MELROSE FL 32666

Mailing Address

POST OFFICE BOX 1912
KEYSTONE HEIGHTS FL 32656



2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/03/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUMPTON, NORMAN B
8359 STATE ROAD 100
MELROSE FL 32666

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME CRUMPTON, NORMAN B
STREET ADDRESS 8359 STATE RD 100
CITY-ST-ZIP MELROSE FL

1.1 TITLE

☐ Change

☐ Addition

NAME CRUMPTON, MELODY H

STREET ADDRESS 8359 STATE RD 100
CITY-ST-ZIP MELROSE FL

1.2 NAME

NOT APPLICABLE

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D ☐ DELETE

NAME CRUMPTON, THOMAS
STREET ADDRESS 8359 STATE RD 100
CITY-ST-ZIP MELROSE FL

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME CRUMPTON, THOMAS
STREET ADDRESS 8359 STATE RD 100
CITY-ST-ZIP MELROSE FL

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME CRUMPTON, THOMAS
STREET ADDRESS 8359 STATE RD 100
CITY-ST-ZIP MELROSE FL

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME CRUMPTON, THOMAS
STREET ADDRESS 8359 STATE RD 100
CITY-ST-ZIP MELROSE FL

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME CRUMPTON, THOMAS
STREET ADDRESS 8359 STATE RD 100
CITY-ST-ZIP MELROSE FL

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE: *Norman B. Crumpton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

Date

(352) 473-6888

Daytime Phone #

CR2E037 (11/98)