

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90003 019 ****70.00

DOCUMENT # N96000006201

1. Entity Name

DOVE OUTREACH MINISTRIES, INC



DO NOT WRITE IN THIS SPACE

54064332

2. Principal Place of Business

NORMAN B. CRUMPTON

Suite, Apt. #, etc.

8359 STATE ROAD 100

City & State

MELROSE, FL

Zip
32666

Country

CLAY

3. Mailing Address

NORMAN B. CRUMPTON

Suite, Apt. #, etc.

PO Box 1912

City & State

KEYSTONE HEIGHTS, FL

Zip
32656

Country

CLAY

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NORMAN B. CRUMPTON

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

8359 STATE ROAD 100

City

MELROSE

FL

Zip Code

32666

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Norman B. Crumpton

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

(NOTE: Registered Agent signature required when reinstating)

7-12-04

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
NORMAN B. CRUMPTON
8359 STATE ROAD 100
MELROSE, FL 32666

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRES.
MELODY H. CRUMPTON
8359 STATE ROAD 100
MELROSE, FL 32666

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
THOMAS B. CRUMPTON
8359 STATE ROAD 100
MELROSE, FL 32666

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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7-12-04
Dear Sir,
I mailed in portion of
Post Card to have UBR
mailed to us, but
didn't receive form
until yesterday, we
have no computer.
Thank You

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melody H. Crumpton
Melody H. Crumpton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-04

Date

(352) 473-9333

Daytime Phone #

CR2E037B (12/02)