

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2007 8:00 am
Secretary of State

06-27-2007 90001 024 ****70.00

DOCUMENT # N96000006201 1. Entity Name DOVE OUTREACH MINISTRIES, INC.					
Principal Place of Business NORMAN B CRUMPTON 8359 STATE ROAD 100 MELROSE, FL 32666			Mailing Address NORMAN B CRUMPTON PO BOX 1912 KEYSTONE HEIGHTS, FL 32656		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06212007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number NOT APPLICABLE	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRUMPTON, NORMAN B 8359 STATE ROAD 100 MELROSE, FL 32666			Name Melody H. Crumpton Street Address (P.O. Box Number is Not Acceptable) 8359 STATE ROAD 100 MELROSE, FL 32666 City FL Zip Code		
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 <i>Melody H. Crumpton</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 6-26-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUMPTON, NORMAN B 8359 STATE RD 100 MELROSE, FL 32666	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRUMPTON, MELODY H 8359 STATE RD 100 MELROSE, FL 32666	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRUMPTON, THOMAS 8359 STATE RD 100 MELROSE, FL 32666	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUMPTON, MELODY H 8359 STATE ROAD 100 MELROSE, FL 32666	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEREK BRACEWELL 8359 STATE ROAD 100 MELROSE, FL 32666	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Melody H. Crumpton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 6-26-07		Daytime Phone # (352) 473-9333