

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006201

FILED
Mar 07, 2009
Secretary of State

Entity Name: DOVE OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

NORMAN B CRUMPTON
8359 STATE ROAD 100
MELROSE, FL 32666

New Principal Place of Business:

MICHAEL D GALLAGHER
8359 STATE ROAD 100
MELROSE, FL 32666

Current Mailing Address:

NORMAN B CRUMPTON
PO BOX 1912
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

MICHAEL D GALLAGHER
PO BOX 1912
KEYSTONE HEIGHTS, FL 32656

FEI Number: 59-3418666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRUMPTON, MELODY H
8359 STATE ROAD 100
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

GALLAGHER, MICHAEL D
8359 STATE ROAD 100
MELROSE, FL 32666 US

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: MICHAEL D GALLAGHER

03/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRUMPTON, MELODY H
Address: 8359 STATE RD 100
City-St-Zip: MELROSE, FL 32666

Title: V () Delete
Name: BRACEWELL, DEREK
Address: 8359 STATE RD 100
City-St-Zip: MELROSE, FL 32666

Title: S () Delete
Name: CRUMPTON, THOMAS
Address: 8359 STATE RD 100
City-St-Zip: MELROSE, FL 32666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GALLAGHER, MELODY H
Address: 8359 STATE RD 100
City-St-Zip: MELROSE, FL 32666

Title: V (X) Change () Addition
Name: GALLAGHER, MICHAEL D
Address: 8359 STATE RD 100
City-St-Zip: MELROSE, FL 32666

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: MELODY H GALLAGHER

P

03/07/2009

Electronic Signature of Signing Officer or Director

Date