

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90182 031 ****70.00

DOCUMENT # N98000004778

1. Corporation Name

Dove Ministries Inc. ✓

Principal Place of Business

Mailing Address

4441 McIntosh Park dr. #616 4441 McIntosh Park dr. #616
Sarasota, FL 34232 Sarasota, FL 34232

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/19/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0859424

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Dove, Gregory W.
4441 McIntosh Park dr. #616
Sarasota, FL 34232

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dove, Gregory	1.2 NAME	Dove, Karen
STREET ADDRESS	4441 McIntosh Park dr. #616	1.3 STREET ADDRESS	4441 McIntosh Dr #616
CITY-ST-ZIP	Sarasota, FL 34232	1.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Felten, Jeffrey	2.2 NAME	Dr. Row Kelley Kelley, Row Dr.
STREET ADDRESS	75 Virginia Ct.	2.3 STREET ADDRESS	7125 Fruitville Rd. #393
CITY-ST-ZIP	Englewood FL 34223	2.4 CITY-ST-ZIP	Sarasota, FL 34240
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dove, Beatrice	3.2 NAME	Jones, Rodney
STREET ADDRESS	5322 D'Orsay street	3.3 STREET ADDRESS	910 12th St. Ct. East
CITY-ST-ZIP	Sarasota, FL 34232	3.4 CITY-ST-ZIP	Bradenton, FL 34208
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gatchel, Kenneth	4.2 NAME	Lane, Tyras
STREET ADDRESS	2448 Waldemere st.	4.3 STREET ADDRESS	635 W. Lime Ave #102
CITY-ST-ZIP	Sarasota, FL 34239	4.4 CITY-ST-ZIP	Sarasota, FL 34237
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Mastropollito, Robert
STREET ADDRESS		5.3 STREET ADDRESS	2297 Gulf of Mexico dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Longboat Key 34228 FL 34228
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Mastropollito, Patricia
STREET ADDRESS		6.3 STREET ADDRESS	2297 Gulf of Mexico dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Longboat Key FL 34228

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 130.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory W. Dove

Date

4/27/99 941-371-1202

Daytime Phone #

CR2E037 (11/98)