2001 UNIFORM BUSINESS REPORT (UBR)

GAEGORY W. SIGNATURE AND TYPED OR PRINTED NAM

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # N98000004778 1. Entity Name DOVE MINISTRIES, INC. 04-26-2001 90125 039 ****70.00 Principal Place of Business Mailing Address 7660 C S TAMIAMI TRAIL PO BOX 37568 SARASOTA FL 34232 SARASOTA FL 34278 2. Principal Place of Business 3. Mailing Address 10 Box 8212 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0859424 FLorida <u>arasota</u> Not Applicable Zip Country Country \$8.75 Additional Sarasot 34276 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREGORY Street Address (P.O. Box Number is Not Acceptable) DOVE, GREGORY W 4441 MACINTOSH PARK DRIVE #616 SARASOTA FL 34232 FL 34a32 oarasota 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. Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE Change ☐ Addition DOVE, GREGORY Dove, Gregory NAME NAME 441 MACINTOSH PARK DRIVE #616 STREET ADDRESS 2454 E. Burr DAR Ct. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP Sarascha, FL 34232 VSD TITLE ☐ Delete TITLE VD Change Addition FELTEN, JEFFREY Kelley, RON Dr. NAME NAME 56 BOWDAIN ROAD STREET ADDRESS STREET ADDRESS 7125 Fruitville Rd. #393 CITY-ST-7IP VENICE FL 34293 CITY-ST-ZIP Sarasola, FL. 34240 TITLE ☐ Delete TITLE Change M Addition 2297 GULE OF MEXICO DRIVE DOVE, BEATRICE NAME NAME 5322 D'ORSAY STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP SARASOTA FL 34232 CITY-ST-7IP FL 34228 TITLE Delete TITLE ☐ Change Addition Richardsons Tricia ESSE May mouth DR GATCHEL, KENNETH NAME NAME STREET ADDRESS 2448 WALDEMERE STREET STREET ADDRESS SARASOTA CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-ZIP ☐ Delete O V TITLE Change Addition DOVE, KAREN KAREN NAME NAME No V€ 2454 E. BURR DAK CT. 4441 MCLNTOSH DR #616 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-7IP SARA SOTA. TITLE Delete TITLE Change Addition Addition RON, KELLY THERESA NAME NAME WEYMOUTH DR. STREET ADDRESS 7125 FRUITVILLE RD #393 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP <u>fi_34238</u> 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 Block 11 if changed, or on an attachment with an address, with all other like empowered