


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000002220</b> 1. Entity Name DESCENDING DOVE MINISTRIES, INC.	
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Principal Place of Business P O BOX 262 LOXAHATCHEE, FL 33470-0262	Mailing Address P O BOX 262 LOXAHATCHEE, FL 33470-0262
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**DO NOT WRITE IN THIS SPACE**



07292004 No Chg-NP CR2E037 (10/03)

4. FCI Number 65-0901487	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MCNAIR, HERBERT L JR 4254 LEO LANE #114 PALM BEACH GARDENS, FL 33410	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCNAIR, HERBERT L JR P.O. BOX 262 LOXAHATCHEE, FL 334700262
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BONABY, FLORENCE P.O. BOX 262 LOXAHATCHEE, FL 334700262
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ANGLADE, DANIEL P.O. BOX 33470-0262 LOXAHATCHEE, FL 334700262
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UN00000169449  
08/05/04-80003-016 61.25

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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.

SIGNATURE: Herbert McNair (President) 7/24/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #