

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000002220

1. Entity Name
DESCENDING DOVE MINISTRIES, INC.



Principal Place of Business
**P O BOX 262
LOXAHATCHEE, FL 33470-0262**

Mailing Address
**P O BOX 262
LOXAHATCHEE, FL 33470-0262**



07122007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0901487

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$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**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCNAIR, HERBERT L JR
STREET ADDRESS P.O. BOX 262
CITY-ST-ZIP LOXAHATCHEE, FL 334700262

TITLE TD
NAME BONABY, FLORENCE
STREET ADDRESS P.O. BOX 262
CITY-ST-ZIP LOXAHATCHEE, FL 334700262

TITLE SD
NAME ANGLADE, DANIEL
STREET ADDRESS P.O. BOX 33470-0262
CITY-ST-ZIP LOXAHATCHEE, FL 334700262

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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07/16/07-80001-003 61.25

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IN THIS SPACE**

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:

Herbert L McNair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-07

Date

Daytime Phone #