2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000002220

1. Entity Name
DESCENDING DOVE MINISTRIES, INC.

FILED
Sep 12, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

08262008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
65-0901487	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

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by September 12, 2008**	**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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09/12/08-80002-014 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #