2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2009
Secretary of State

DOCUMENT# N99000002220

Entity Name: DESCENDING DOVE MINISTRIES, INC.

Current Principal Place of Business:

P O BOX 262
LOXAHATCHEE, FL 334700262

New Principal Place of Business:

4254 LEO LANE #114
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

P O BOX 262
LOXAHATCHEE, FL 334700262

New Mailing Address:

FEI Number: 65-0901487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCNAIR, HERBERT L JR
4254 LEO LANE #114
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCNAIR, HERBERT L JR
Address: P.O. BOX 262
City-St-Zip: LOXAHATCHEE, FL 334700262

Title: TD ( ) Delete
Name: BONABY, FLORENCE
Address: P.O. BOX 262
City-St-Zip: LOXAHATCHEE, FL 334700262

Title: SD ( ) Delete
Name: ANGLADE, DANIEL
Address: P.O. BOX 33470-0262
City-St-Zip: LOXAHATCHEE, FL 334700262

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT MCNAIR PD 08/28/2009

Electronic Signature of Signing Officer or Director — Date