

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002220

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Entity Name:** DESCENDING DOVE MINISTRIES, INC.

**Current Principal Place of Business:**

4254-114 LEO LANE  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 262  
LOXAHATCHEE, FL 334700262

**New Mailing Address:**

P O BOX 262  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 65-0901487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCNAIR, HERBERT  
4254-114 LEO LANE  
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  
**Name:** MCNAIR, HERBERT  
**Address:** P.O. BOX 262  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

**Title:** TD  
**Name:** BONABY, FLORENCE  
**Address:** P.O. BOX 262  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

**Title:** SD  
**Name:** MALONE, RUTH  
**Address:** PO BOX 262  
**City-St-Zip:** LOXAHATCHEE, FL 33470

I hereby 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 all other like empowered.

**SIGNATURE:** HERBERT MCNAIR

PD

03/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date