

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90096 020 ****61.25

DOCUMENT # N99000002220

1. Entity Name
DESCENDING DOVE MINISTRIES, INC.



Principal Place of Business

P O BOX 11036
WEST PALM BEACH FL 33419

Mailing Address

P O BOX 11036
WEST PALM BEACH FL 33419

11008831



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

P.O. Box 262

3. Mailing Address

P.O. Box 262

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

City & State

Loxahatchee, FL

4. FEI Number **65-0901487**

Applied For

Not Applicable

Zip

33470-0262

Country

USA

Zip

33470-0262

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MCNAIR, HERBERT L JR**
STREET ADDRESS **P O BOX 11036**
CITY-ST-ZIP **WEST PALM BEACH FL 33419**

TITLE ☒ Change ☐ Addition
NAME **P.O. Box 262**
STREET ADDRESS **Loxahatchee, FL**
CITY-ST-ZIP **33470-0262**

TITLE **TD** ☐ Delete
NAME **BONABY, FLORENCE**
STREET ADDRESS **P O BOX 11036**
CITY-ST-ZIP **WEST PALM BEACH FL 33419**

TITLE ☒ Change ☐ Addition
NAME **P.O. Box 262**
STREET ADDRESS **Loxahatchee, FL**
CITY-ST-ZIP **33470-0262**

TITLE **SD** ☐ Delete
NAME **ANGLADE, DANIEL**
STREET ADDRESS **P O BOX 11036**
CITY-ST-ZIP **WEST PALM BEACH FL 33419**

TITLE ☒ Change ☐ Addition
NAME **P.O. Box 262**
STREET ADDRESS **Loxahatchee, FL**
CITY-ST-ZIP **33470-0262**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 L McNaair** **REQUIRED**

4-20-03

CR2E037 (10/02)