

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004084

Entity Name: WHITE DOVE MINISTRIES, INC.**Current Principal Place of Business:**895 CAROLINA PALM LANE
OVIEDO, FL 32765**Current Mailing Address:**PO BOX 1401
BLAIRSVILLE, GA 30512**FEI Number: 31-1475948****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAURER, PAUL
895 CAROLINA PALM LANE
OVIEDO, FL 32765 US*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**Officer/Director Detail :**

Title	PTD
Name	GLASS, HARVEY G
Address	PO BOX 1401
City-State-Zip:	BLAIRSVILLE GA 30512

Title	VP
Name	GLASS, JODY
Address	PO BOX 1401
City-State-Zip:	BLAIRSVILLE GA 30512

Title	SEC
Name	RIVERA, TANYA E
Address	369 RIVER MEADOWS
City-State-Zip:	BLAIRSVILLE GA 30512

Title	D
Name	MAURER, PAUL
Address	895 CAROLINA PALM LANE
City-State-Zip:	OVIEDO FL 32765

Title	D
Name	WASIT, CHERIE D
Address	33 AUTUMN VIEW
City-State-Zip:	BLAIRSVILLE GA 30512

Title	D
Name	GLASS, CELESTIAL J
Address	33 AUTUMN VIEW
City-State-Zip:	BLAIRSVILLE GA 30512

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: JODY GLASS**VP****04/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date