

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# F00000004889

Entity Name: THE DOVE CENTER, INCORPORATED

**Current Principal Place of Business:**

454 S. ANDERSON ROAD, BTC 542, SUITE 122  
ROCK HILL, SC 29730

**New Principal Place of Business:**

**Current Mailing Address:**

454 S. ANDERSON ROAD, BTC 542, SUITE 122  
ROCK HILL, SC 29730

**New Mailing Address:**

FEI Number: 57-0868568      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HILL, MICHAEL L  
14520 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507 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: CST ( ) Delete  
Name: HILL, MICHAEL L  
Address: 14520 PERDIDO KEY DRIVE  
City-St-Zip: PENSACOLA, FL

Title: PVC ( ) Delete  
Name: HILL, SHARON P  
Address: 14520 PERDIDO KEY DRIVE  
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete  
Name: NIX, M.C.  
Address: 6036 SADDLE CLUB RD.  
City-St-Zip: PACE, FL 32571

Title: DV ( ) Delete  
Name: SMOTHERS, MELONIE N  
Address: 4600 AMBERSIDE DRIVE  
City-St-Zip: ROCK HILL, SC 29732

Title: D ( ) Delete  
Name: SMOTHERS, MICHAEL D  
Address: 4680 AMBERSIDE DR  
City-St-Zip: ROCK HILL, SC 29732

Title: D ( ) Delete  
Name: KUNKER, BILL  
Address: STE.3, 14599 PERDIDO KEY DR.  
City-St-Zip: PENSACOLA, FL 32507

**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:

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 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 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: MICHAEL L. HILL

CST

04/30/2004

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

\_\_\_\_\_  
Date