

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004889

FILED
Apr 16, 2005
Secretary of State

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 (X)

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

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

Title: D (X) 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: D (X) Change () Addition
Name: PERRY, BURNHAM M
Address: C/O HDD OF SC, LLC DAVE LYLE BLVD
City-St-Zip: ROCK HILL, SC 29370

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

04/16/2005

Electronic Signature of Signing Officer or Director

_____ Date