

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000007759

Entity Name: DOVE LOVE, INC.

Current Principal Place of Business:

1085 WOODBRIDGE HOLLOW RD
JACKSONVILLE, FL 32218-3783

Current Mailing Address:

1085 WOODBRIDGE HOLLOW RD
JACKSONVILLE, FL 32218-3783 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOVE CHIROPRACTIC MEDICINE, INC.
1085 WOODBRIDGE HOLLOW RD
JACKSONVILLE, FL 32218-3783 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: FAYE J. GOLDEN

05/01/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIR
Name GOLDEN, ANTOINETTE
Address 1085 WOODBRIDGE HOLLOW RD
City-State-Zip: JACKSONVILLE FL 32218-3783

Title DIR
Name JAMES, VIVIAN G
Address 360 6TH STREET SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title P
Name DOVE CHIROPRACTIC MEDICINE,
INC.
Address 1085 WOODBRIDGE HOLLOW RD
City-State-Zip: JACKSONVILLE FL 32218-3783

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: FAYE J. GOLDEN

DIR

05/01/2018

Electronic Signature of Signing Officer/Director Detail

Date