## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 745289

1. Corporation Name

THE DOVE FOUNDATION, INC.

Principal	of	Business
ырш	 	

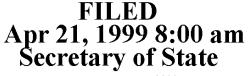
KOZAN, EILEEN H.

**LARGO FL 34641** 

#294

7349- ULMERTON ROAD

Mailing Address



04-21-1999 90195 027 \*\*\*\*61.25

200 1--

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

#2	49 ULMERTON RD. 294 RGO FL 34641	7349 ULMERTON RD. #294 LARGO FL 34641							
2. 21	Principal Place of Business	2a. Mailing Address			3.	Date Incorporated or Qualifed 12/18/1978			
21	Suite, Apt. #, etc.	Suite, Apt. #, etc.				FEI Number 59-1874855		$\top$	Applied For Not Applicable
23	City & State	City & State			5.	Certifcate of Status Desired	Ö		5 Additional Required
24	Zip Country	Zip Cot 30	intry		6.	Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
	9. Name and Address of Current	Registered Agent			10.	Name and Address of New R	egistered A	gent	
			81	Name					

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

83

84

City

•	•						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
			Change Addition				
TITLE	- U	1.1 TITLE					
NAME	RUFFNER, MARK D	1.2 NAME					
STREET ADDRESS	205 56TH AVE S	1.3 STREET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL 33705	1.4 CITY-ST-ZIP	SECRETARY				
TITLE	STD DELETE	2.1 TITLE	ANDRE B. RUFFNER Change WAddition				
NAME	DAVID, TRACY BRADY	2.2 NAME	ANDRÉ B, RUFFNER Change Maddition 2405 IDYLLIC TERRACE				
STREET ADDRESS	12297-138TH ST. NORTH	2.3 STREET ADDRESS	TALLAHASSEE, FL 32303-3718				
CITY-ST-ZIP	LARGO FL 34644-3017	2, 4 CITY-ST-ZIP	<u> </u>				
TITLE	PD DELETE	3.1 TITLE	Change Addition				
NAME	KOZAN, EILEEN H	3.2 NAME	,				
STREET ADDRESS	7349 ULMERTON RD. #294	3.3 STREET ADDRESS					
CITY-ST-ZIP	LARGO FL 34641	3.4. CITY-ST-ZIP					
TITLE	, DELETE	4,1 TITLE	☐ Change ☐ Addition				
NAME		4.2 NAME					
STREET ADDRESS	(	4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME	•	5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP	·	5.4 CITY-ST-ZIP					
TITLE	´ □ DELETE	6.1 TITLE	. Change Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

14. 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 annual report or supplemental annual 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 12 or Block 13 if chapaged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIQUIZED REQUIRED
NATURE AND TYPED OF PRINTED AME OF SIGNING OFFICER OF DIRECTOR

Janil 12, 1999 (727) 535-8933

;R2E037\_(1.1/98)\_\_\_\_

85

Zip Code