


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000001976
 1. Entity Name
 DOVE COMMUNICATIONS OF ILLINOIS, INC.



Principal Place of Business 2028 RT 37 S. PO BOX 1010 MARION, IL 62959	Mailing Address 2028 RT 37 S. PO BOX 1010 MARION, IL 62959
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01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 37-1317014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FLORIDA INCORPORATORS, INC.
 8875 HIDDEN RIVER PARKWAY
 SUITE 300
 TAMPA, FL 33637

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000584402
 01/12/07-80036-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD COONCE, GARTH 1582 GULF BLVD, #1101 CLEARWATER BEACH, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COONCE, CHRISTINA 1582 GULF BLVD, #1101 CLEARWATER BEACH, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAN, JULIE 2028 RT 37 S MARION, IL 62959
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CLARK, VICTORIA M 5606 E 117TH STREET TULSA, OK 74137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHANEY, SHANE 721 N 21ST STREET HERRIN, IL 62948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shane Chaney Shane Chaney, Treasurer 1-5-07 618-997-9333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #