

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001976

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** DOVE COMMUNICATIONS OF ILLINOIS, INC.

**Current Principal Place of Business:**

2028 RT 37 S.  
PO BOX 1010  
MARION, IL 62959

**New Principal Place of Business:**

2028 RT 37 S.  
MARION, IL 62959

**Current Mailing Address:**

2028 RT 37 S.  
PO BOX 1010  
MARION, IL 62959

**New Mailing Address:**

**FEI Number:** 37-1317014      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PARKWAY  
SUITE 300  
TAMPA, FL 33637 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: PCD ( ) Delete  
Name: COONCE, GARTH  
Address: 1582 GULF BLVD, #1101  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D ( ) Delete  
Name: COONCE, CHRISTINA  
Address: 1582 GULF BLVD, #1101  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D ( ) Delete  
Name: NOLAN, JULIE  
Address: 2028 RT 37 S  
City-St-Zip: MARION, IL 62959

Title: DS ( ) Delete  
Name: CLARK, VICTORIA M  
Address: 5606 E 117TH STREET  
City-St-Zip: TULSA, OK 74137

Title: T ( ) Delete  
Name: CHANEY, SHANE  
Address: 403 LEGACY DRIVE  
City-St-Zip: HERRIN, IL 62948

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHANE CHANEY

T

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date