

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003343

FILED  
Jun 23, 2011  
Secretary of State

**Entity Name:** DOVE OUTREACH CENTER, INC.

**Current Principal Place of Business:**

3503 NORTH PEARL STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

10944 LYDIA ESTATES DRIVE EAST  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:** 57-1136804

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZEIGLER, REBECCA  
10944 LYDIA ESTATES DRIVE EAST  
JACKSONVILLE, FL 32218 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:** P  
**Name:** ZEIGLER, REBECCA L  
**Address:** 10944 LYDIA ESTATES DR E  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** TR  
**Name:** KING, RHONDA  
**Address:** 4950 RICHARD STREET APT. 102  
**City-St-Zip:** JACKSONVILLE, FL 32207

**Title:** S  
**Name:** DIXON, KAAMILYA  
**Address:** 1923 CLIFTON STREET  
**City-St-Zip:** JACKSONVILLE, FL 32209

**Title:** T  
**Name:** JOHNSON, HIWATHA  
**Address:** 1562 MENLO AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** D  
**Name:** JOHNSON, NAJERA J  
**Address:** 10944 LYDIA ESTATES DR E  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** TR  
**Name:** HODGES, ALICIA C  
**Address:** 565 WEST 49TH STREET  
**City-St-Zip:** JACKSONVILLE, FL 32208

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:** REBECCA L. ZEIGLER

P

06/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date