# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 26, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # N02000006335

1. Entity Name
PARAGON LADIES OF THE DOVE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 11883 SW 210 STREET<br>MIAMI, FL 33177 | P.O. BOX 3594<br>FLORIDA CITY, FL 33034 |

01252004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
16-1622627

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INGRAM, FRANKIE M
11883 SW 210 STREET
MIAMI, FL 33177

**DO NOT WRITE IN THIS SPACE**

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, 2004**

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

000000096974
03/26/04-80020-007 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | TOMLINSON, DORIS J |
| STREET ADDRESS | 1453 NW FIRST COURT |
| CITY-ST-ZIP | FLORIDA CITY, FL 33034 |
| TITLE | D |
| NAME | CHILDS, CHANDLER S |
| STREET ADDRESS | 32990 SW 187TH AVENUE |
| CITY-ST-ZIP | HOMESTEAD, FL 33034 |
| TITLE | D |
| NAME | SMITH, MARY W |
| STREET ADDRESS | 12021 SW 174TH STREET |
| CITY-ST-ZIP | MIAMI, FL 33177 |
| TITLE | D |
| NAME | REDDING, EDDIE L |
| STREET ADDRESS | 14620 POLK STREET |
| CITY-ST-ZIP | MIAMI, FL 33176 |
| TITLE | D |
| NAME | STAPLES, MARGARET S S |
| STREET ADDRESS | 10305 SW 152ND TERRACE |
| CITY-ST-ZIP | MIAMI, FL 33157 |
| 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 exemption stated in Section 119.07(3)(i), 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:** Eddie L. Redding 03/26/04 305 2354465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #