

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90062 013 ****61.25

DOCUMENT # N02000006335

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



Principal Place of Business
11883 SW 210 STREET
MIAMI, FL 33177

Mailing Address
P.O. BOX 3594
FLORIDA CITY, FL 33034

50013626



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052005 Chg-NP

CR2E037 (10/03)

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

Frankie M Ingram

2/5/05

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TOMLINSON, DORIS J**
CITY-ST-ZIP **1453 NW FIRST COURT
FLORIDA CITY, FL 33034**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CHILDS, CHANDLER S**
CITY-ST-ZIP **32990 SW 187TH AVENUE
HOMESTEAD, FL 33034**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SMITH, MARY W**
CITY-ST-ZIP **12021 SW 174TH STREET
MIAMI, FL 33177**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **REDDING, EDDIE L**
CITY-ST-ZIP **14620 POLK STREET
MIAMI, FL 33176**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **STAPLES, MARGARET S S**
CITY-ST-ZIP **10305 SW 152ND TERRACE
MIAMI, FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **INGRAM, FRANKIE M.**
CITY-ST-ZIP **11883 SW 210 STREET
MIAMI, FL 33177**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **KIMBERLY REID**
CITY-ST-ZIP **14123 SW 110 AVENUE
MIAMI, FL 33176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Frankie M Ingram
Frankie M Ingram

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/05

Date

305-248-3006

Daytime Phone #