

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006335

FILED
Feb 03, 2009
Secretary of State

Entity Name: PARAGON LADIES OF THE DOVE, INC.

Current Principal Place of Business:

11883 SW 210 STREET
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3594
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 16-1622627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGRAM, FRANKIE M
11883 SW 210 STREET
MIAMI, FL 33177 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: D () Delete
Name: REESE, KIMBERLY R
Address: 14123 SW 110 AVE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: CHILDS, CHANDLER S
Address: 32990 SW 187TH AVENUE
City-St-Zip: HOMESTEAD, FL 33034

Title: D () Delete
Name: SMITH, MARY W
Address: 12021 SW 174TH STREET
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: REDDING, EDDIE L
Address: 14620 POLK STREET
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: STAPLES, MARGARET S S
Address: 10305 SW 152ND TERRACE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: INGRAM, FRANKIE M
Address: 11883 SW 210 STREET
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LANIER, SHIRLEY
Address: 1406 NW 1ST AVENUE
City-St-Zip: FLORIDA CITY, FL 33034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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: FRANKIE M. INGRAM

P

02/03/2009

Electronic Signature of Signing Officer or Director

Date