

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006335

FILED  
Feb 08, 2011  
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  
Name: LANIER, SHIRLEY  
Address: 1406 NW 1ST AVENUE  
City-St-Zip: FLORIDA CITY, FL 33034

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

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

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

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

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

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: FRANKIE M INGRAM

D

02/08/2011

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

\_\_\_\_\_  
Date