FILED
Jun 14, 2004 8:00 am
Secretary of State
05-05-2004 90203 017 ****61.25

66428017

MOORE CR2E037 (11/03)

ANNUAL REPORT (REV.) 5/5

DOCUMENT # N03000006146

1. Entity Name

THE MORNING DOVE CENTER FOR TEENAGE GIRLS, INC.

Principal Place of Business	Mailing Address
4625 INCREST DR S JACKSONVILLE FL 32208	4625 INCREST DR S JACKSONVILLE FL 32208

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 16-1690435 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CROMITY, RENE
4625 INCREST DR S
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CROMITY, RENE 4625 INCREST DR S JACKSONVILLE FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member/Consultant Dr. Yvonita Jennings 6616 Lamirada Dr. E. Apt 7 Jacksonville, FL 32217	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MITCHELL, LAVERN 2128 CHESTER RD YULEE FL 32097	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Boardmember James Thomas 327 E. Bay St. Jacksonville, Fla. 32204	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MITCHELL, SCHAKIRA 3051 E COBBLEWOOD LN JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jacqueline Polite 122 N. Jefferson St. Jacksonville, Fl. 32204	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T INMAN, EDITH 1813 KEY BSICAYNE WAY JACKSONVILLE FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	INMAN, Edith 2452 wilmont Ave. Jacksonville, Fla. 32218	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIDLEY, DOROTHY 11536 KEY BISCAYNE DR JACKSONVILLE FL 32218	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Katrina Bloodsde 826 Willow Branch Ave. Jacksonville, Fl 32205	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INGS, JAMES 1828 DAYTONA LN N JACKSONVILLE FL 32218	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Treasurer A.B. Inman 2452 wilmont Ave Jacksonville, Fl 32218	☐ Change ☒ Addition

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: Rene Cromity-President 4-28-04 904-425-4041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #