


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90134 041 \*\*\*\*61.25

<b>DOCUMENT # N03000006146</b>					
1. Entity Name <b>THE MORNING DOVE CENTER FOR TEENAGE GIRLS, INC.</b>					
Principal Place of Business <b>122 N. JEFFERSON ST. JACKSONVILLE FL 32204</b>			Mailing Address <b>122 N. JEFFERSON ST. JACKSONVILLE FL 32204</b>		
2. Principal Place of Business		3. Mailing Address <i>P.O. Box 77283</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Jacksonville, Florida</i>			
City & State		City & State			
Zip	Country	Zip	Country		
		<i>32226</i>	<i>U.S.</i>		
6. Name and Address of Current Registered Agent  <b>CROMITY, RENE 4625 INCREST DR S JACKSONVILLE FL 32208</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CROMITY, RENE 4625 INCREST DR S JACKSONVILLE FL 32208</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MITCHELL, LAVERN 2128 CHESTER RD YULEE FL 32097</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MITCHELL, SCHAKIRA 3051 E COBBLEWOOD LN JACKSONVILLE FL 32225</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T INMAN, EDITH 2452 WILMONT AVE JACKSONVILLE FL 32218</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BLOODSOLE, KATRINA 826 WILLOW BRANCH AVE JACKSONVILLE FL 32205</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT INMAN, A.B. 2452 WILMONT AVE JACKSONVILLE FL 32218</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Rene Cromity</i>			Date: <i>4-28-05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		