


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90164 044 \*\*\*\*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>PO BOX 77283 JACKSONVILLE FL 32226</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



1st MOORE CR2E037 (10/05)

4. FEI Number <b>16-1690435</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P CROMITY, RENE 4625 INCREST DR S JACKSONVILLE FL 32208			
V MITCHELL, LAVERN 2128 CHESTER RD YULEE FL 32097	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S MITCHELL, SCHAKIRA 3051 E COBBLEWOOD LN JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Delete	S Ms. Denise McCullough 7949 TALLAHASSEE AVE. JACKSONVILLE, FLA. 32208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T INMAN, EDITH 2452 WILMONT AVE JACKSONVILLE FL 32218	<input type="checkbox"/> Delete	AS KARANA SHERLY 4800 ORTEGA FARMS BLVD. APT. 1302 JAX, FLA 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
AS BLOODSOLE, KATRINA 826 WILLOW BRANCH AVE JACKSONVILLE FL 32205	<input checked="" type="checkbox"/> Delete	AS Sophia Demps 1733 PERRY ST. JACKSONVILLE, FLA 32206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
AT INMAN, A.B. 2452 WILMONT AVE JACKSONVILLE FL 32218	<input type="checkbox"/> Delete	AS ZENA Michelle Gainer P.O. BOX 12003 JACKSONVILLE, FLA. 32209	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MR. LAWRENCE HUTCHINSON 1405 ST. JOHN AVE. PALATKA FLA. 32177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* **RENE CROMITY**

04/26/06