

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006146

FILED
Sep 17, 2010
Secretary of State

Entity Name: THE MORNING DOVE CENTER FOR TEENAGE GIRLS, INC.

Current Principal Place of Business:

435 CLARK ROAD, #412-2
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 77283
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 02-0677448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CROMITY, RENE
4625 LINCREST DR. S.
JACKSONVILLE, FL 32208 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: P
Name: CROMITY, RENE
Address: 4625 LINCREST DR. S.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP
Name: BURTON, TERESA
Address: 4436 FLINTSHIRE RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: T
Name: INMAN, EDITH
Address: 1064 MELSON AVE.
City-St-Zip: JACKSONVILLE, FL 32254

Title: AT
Name: INMAN, AB
Address: 1064 MELSON AVE.
City-St-Zip: JACKSONVILLE, FL 32254

Title: S
Name: MICHELLE, GAINER
Address: P.O. BOX 12002
City-St-Zip: JACKSONVILLE, FL 32209

Title: C
Name: DONALDSON, FIDEL
Address: P.O. BOX 8652
City-St-Zip: JACKSONVILLE, FL 32239

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: RENE' CROMITY

PRES

09/17/2010

Electronic Signature of Signing Officer or Director

Date