

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

**95 APR 26 PM 12:50**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N12456 (2)**  
1. Corporation Name  
**THE "DOVES", AN AUXILIARY OF THE PEACE RIVER POWER SQUADRON, INC.**

Principal Place of Business Mailing Address  
**C/O JOYCE GOTTSCHALK  
1115 LUCIA DRIVE  
PUNTA GORDA FL 33950-3634**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/10/1985** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2580353** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent  
**KEATING, MARY LOU  
24314 PIRATE HARBOR BLVD  
PUNTA GORDA FL 33955**

10. Name and Address of New Registered Agent

81 Name **Dolores Treadway**

82 Street Address (P.O. Box Number is Not Acceptable) **829 Santa Margerita Ln.**

83 City **Punta Gorda, FL 33950**

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    |  |
|----------------------------|------------------------------|--|--|
| TITLE<br><b>P</b>          | <b>FORSYTH, LORETTA</b>      | 1.1 TITLE<br><b>P</b>                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>4047 SAN AMSSINO DR</b>   | 1.2 NAME<br><b>Christensen, Barbara</b>                  |  |
| STREET ADDRESS             | <b>PUNTA GORDA FL</b>        | 1.3 STREET ADDRESS<br><b>63 Marajo St.</b>               |  |
| CITY-ST-ZIP                |                              | 1.4 CITY-ST-ZIP<br><b>Punta Gorda, FL 33983</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br><b>D</b>          | <b>JESSUP, JOANN</b>         | 2.1 TITLE  |  |
| NAME                       | <b>143 SEVILLE PL</b>        | 2.2 NAME   |  |
| STREET ADDRESS             | <b>FT. CHARLOTTE FL</b>      | 2.3 STREET ADDRESS                                       |  |
| CITY-ST-ZIP                |                              | 2.4 CITY-ST-ZIP  |  |
| TITLE<br><b>S</b>          | <b>MANOS, YVONNE</b>         | 3.1 TITLE<br><b>S</b>                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>818 SANTA BRIGIDA CT.</b> | 3.2 NAME<br><b>Drew, Barbara</b>                         |  |
| STREET ADDRESS             | <b>PUNTA GORDA FL</b>        | 3.3 STREET ADDRESS<br><b>1129 Muscovie Ct.</b>           |  |
| CITY-ST-ZIP                |                              | 3.4 CITY-ST-ZIP<br><b>Punta Gorda, FL 33983</b>          |  |
| TITLE<br><b>D</b>          | <b>WAGNER, RUTH</b>          | 4.1 TITLE<br><b>D</b>                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>420 CORY ROAD</b>         | 4.2 NAME<br><b>Gottschalk, Joyce</b>                     |  |
| STREET ADDRESS             | <b>PORT CHARLOTTE FL</b>     | 4.3 STREET ADDRESS<br><b>1115 Lucia Dr.</b>              |  |
| CITY-ST-ZIP                |                              | 4.4 CITY-ST-ZIP<br><b>Punta Gorda, FL 33950</b>          |  |
| TITLE<br><b>T</b>          | <b>EILER, G. ANNE</b>        | 5.1 TITLE<br><b>T</b>                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>26153 RAMPART BLVD</b>    | 5.2 NAME<br><b>Darlene Queener</b>                       |  |
| STREET ADDRESS             | <b>PUNTA GORDA FL</b>        | 5.3 STREET ADDRESS<br><b>27151 Tierra Del Fuego Cir.</b> |  |
| CITY-ST-ZIP                |                              | 5.4 CITY-ST-ZIP<br><b>Port Charlotte, FL 33983</b>       |  |
| TITLE<br><b>D</b>          | <b>FITZMAURICE, CAROL</b>    | 6.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>310 SORRENTO CT</b>       | 6.2 NAME   |  |
| STREET ADDRESS             | <b>PUNTA GORDA FL</b>        | 6.3 STREET ADDRESS                                       |  |
| CITY-ST-ZIP                |                              | 6.4 CITY-ST-ZIP  |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Darlene M. Queener 4-19-95 913-624-2185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #