

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N12456** (2)

1. Corporation Name

**THE "DOVES", AN AUXILIARY OF THE PEACE RIVER POW ER SQUADRON, INC.**



Principal Place of Business

Mailing Address

C/O JOYCE GOTTSCHALK  
1115 LUCIA DRIVE  
PUNTA GORDA FL 33950-3634

C/O JOYCE GOTTSCHALK  
1115 LUCIA DRIVE  
PUNTA GORDA FL 33950-3634

3. Date Incorporated or Qualified  
**12/10/1985**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 C/o Darlene M. Queener

26 27151 Tierra Del Fuego

4. FEI Number

**59-2580353**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 27151 Tierra Del Fuego

27

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

23 Port Charlotte, FL

28 Port Charlotte, FL

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 33983

25 Charlotte

29 33983

30 Charlotte

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TREADWAY, DOLORES  
829 SANTA MARGERITA LANE  
PUNTA GORDA, FLORIDA  
PUNTA GORDA FL 33950

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and Director(s)

NOTE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
P	CHRISTENSEN, BARBARA	63 MARAJO STREET	PUNTA GORDA FL	<input checked="" type="checkbox"/>
D	JESSUP, JOANN	143 SEVILLE PL	FT. CHARLOTTE FL	<input checked="" type="checkbox"/>
S	DREW, BARBARA	1129 MUSCOVIE COURT	PUNTA GORDA FL	<input checked="" type="checkbox"/>
D	GOTTSCHALK, JOYCE	1115 LUCIA DRIVE	PUNTA GORDA FL	<input type="checkbox"/>
T	QUEENER, DARLENE	27151 TIERRA DEL FUEGO CIRCLE	PORT CHARLOTTE FL	<input type="checkbox"/>
D	FITZMAURICE, CAROL	310 SORRENTO CT	PUNTA GORDA FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED	ADDED
P	AmeY, Jane	3805 Sabal Springs Dr	North Fort Myers, FL 33971	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Mackert, Nancy	111 S.E. Sinclair St	Port Charlotte, FL 33952	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Taylor, Marion	2835 Ryan Rd	Punta Gorda, FL 33950	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 119.07(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

*Darlene M. Queener* 4/9/96

941-6243 2185  
Dial System Phone #

CR2E037 (12/95)