

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 (if applicable)

NOTE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Amey, Jane	
13 STREET ADDRESS	3805 Sabal Springs Dr	
14 CITY-ST-ZIP	North Fort Myers, FL 33971	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Mackert, Nancy	
23 STREET ADDRESS	111 S.E. Sinclair St	
24 CITY-ST-ZIP	Port Charlotte, FL 33952	
31 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Taylor, Marion	
33 STREET ADDRESS	2835 Ryan Rd	
34 CITY-ST-ZIP	Punta Gorda, FL 33950	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 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
Dialysis Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)