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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12456** (2)
1. Corporation Name
THE "DOVES", AN AUXILIARY OF THE PEACE RIVER POW ER SQUADRON, INC.



Principal Place of Business 27151 TIERRA DEL FUEGO 1115 LUCIA DRIVE PT CHARLOTTE FL 33963 US	Mailing Address 27151 TIERRA DEL FUEGO 1115 LUCIA DRIVE PT CHARLOTTE FL 33963-5437 US
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3. Date Incorporated or Qualified 12/10/1985	3a. Date of Last Report 04/12/1996
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2. Principal Place of Business 21 2362 ST. DAVIDS ISLAND CT. Suite, Apt. #, etc. 22 City & State 23 PUNTA GORDA FL Zip 24 33950 Country 25 USA	2a. Mailing Address 26 2362 ST. DAVIDS ISLAND CT Suite, Apt. #, etc. 27 City & State 28 PUNTA GORDA, FL Zip 29 33950 Country 30 USA
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4. FEI Number 59-2580353	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**TREADWAY, DOLORES
829 SANTA MARGERITA LANE
PUNTA GORDA, FLORIDA
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent
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 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	P AMEY, JANE 3805 SABAL SPGS DR N FT MYERS FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P DREW, BARBARA 1129 MUSCOVIE CT PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKERT, NANCY 111 SE SINCLAIR ST PT CHARLOTTE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, MARION 2835 RYAN RD PUNTA GORDA FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOTTSCHALK, JOYCE 1115 LUCIA DRIVE PUNTA GORDA FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUEENER, DARLENE 27151 TIERRA DEL FUEGO CIRCLE PORT CHARLOTTE FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T SWEENEY, ELIZABETH 2362 ST. DAVIDS ISLAND CT. PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZMAURICE, CAROL 310 SORRENTO CT PUNTA GORDA FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D UREELAND, CHRIS 1105 LUCIA DRIVE PUNTA GORDA FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Elizabeth Sweeney** **ELIZABETH SWEENEY** 4/14/97 941-575-6862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068242

CR2E037 (9/96)