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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>12/10/1985</b>	3a. Date of Last Report <b>04/12/1996</b>
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2. Principal Place of Business 21 <b>2362 ST. DAVIDS ISLAND CT.</b> Suite, Apt. #, etc. 22 City & State 23 <b>PUNTA GORDA FL</b> Zip 24 <b>33950</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>2362 ST. DAVIDS ISLAND CT</b> Suite, Apt. #, etc. 27 City & State 28 <b>PUNTA GORDA, FL</b> Zip 29 <b>33950</b> Country 30 <b>USA</b>
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4. FEI Number <b>59-2580353</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>AMEY, JANE</b>
STREET ADDRESS	<b>3805 SABAL SPGS DR</b>
CITY-ST-ZIP	<b>N FT MYERS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MACKERT, NANCY</b>
STREET ADDRESS	<b>111 SE SINCLAIR ST</b>
CITY-ST-ZIP	<b>PT CHARLOTTE FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>TAYLOR, MARION</b>
STREET ADDRESS	<b>2835 RYAN RD</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GOTTSCHALK, JOYCE</b>
STREET ADDRESS	<b>1115 LUCIA DRIVE</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>QUEENER, DARLENE</b>
STREET ADDRESS	<b>27151 TIERRA DEL FUEGO CIRCLE</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FITZMAURICE, CAROL</b>
STREET ADDRESS	<b>310 SORRENTO CT</b>
CITY-ST-ZIP	<b>PUNTA CORDA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DREW, BARBARA</b>
1.3 STREET ADDRESS	<b>1129 MUSCOVIE CT</b>
1.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>SWEENEY, ELIZABETH</b>
5.3 STREET ADDRESS	<b>2362 ST. DAVIDS ISLAND CT.</b>
5.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>
6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>UREELAND, CHRIS</b>
6.3 STREET ADDRESS	<b>1105 LUCIA DRIVE</b>
6.4 CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>

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)