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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	2a. Mailing Address 26 2362 ST. DAVIDS ISLAND CT Suite, Apt. #, etc. 27 City & State 28 PUNTA GORDA, FL Zip 29 33950	4. FEI Number 59-2580353 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 25 USA	Country 30 USA	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
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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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMEY, JANE	1.2 NAME	DREW, BARBARA
STREET ADDRESS	3805 SABAL SPGS DR	1.3 STREET ADDRESS	1129 MUSCOVIE CT
CITY-ST-ZIP	N FT MYERS FL	1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKERT, NANCY	2.2 NAME	
STREET ADDRESS	111 SE SINCLAIR ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MARION	3.2 NAME	
STREET ADDRESS	2835 RYAN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTSCHALK, JOYCE	4.2 NAME	
STREET ADDRESS	1115 LUCIA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUEENER, DARLENE	5.2 NAME	SWEENEY, ELIZABETH
STREET ADDRESS	27151 TIERRA DEL FUEGO CIRCLE	5.3 STREET ADDRESS	2362 ST. DAVIDS ISLAND CT.
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZMAURICE, CAROL	6.2 NAME	UREELAND, CHRIS
STREET ADDRESS	310 SORRENTO CT	6.3 STREET ADDRESS	1105 LUCIA DRIVE
CITY-ST-ZIP	PUNTA GORDA FL	6.4 CITY-ST-ZIP	PUNTA GORDA FL 33950

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)