

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34582

Entity Name: DOVELAND, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

601 COVENANT DRIVE
BELLE GLADE, FL 334305728

New Principal Place of Business:

601 COVENANT DRIVE
BELLE GLADE, FL 334305728 US

Current Mailing Address:

601 COVENANT DRIVE
BELLE GLADE, FL 334305728

New Mailing Address:

601 COVENANT DRIVE
BELLE GLADE, FL 334305728 US

FEI Number: 65-0185583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORRIS, ROBERT ESQ
685 ROYAL PALM BCH BLVD
STE #205
ROYAL PALM BCH, FL 33411 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCLENDON, EDNA O
Address: 140 SANTA MONICA AVENUE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VTD () Delete
Name: HARRISON, NORMAN
Address: 340 NOAH CT
City-St-Zip: BELLE GLADE, FL 33430

Title: TD () Delete
Name: JACKSON, LAURA
Address: 440 WEST 30TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: SMITH, NANCY
Address: 1740 SE AVENUE K
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDNA O. MCCLENDON

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date