

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006990

FILED
Mar 31, 2005
Secretary of State

Entity Name: DORCAS WOMEN OF FAITH INC.

Current Principal Place of Business:

300 BURLEIGH STREET
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

300 BURLEIGH STREET
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 83-0383888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, AVRIL
300 BURLEIGH STREET
ORLANDO, FL 32824 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: DP () Delete
Name: ROBERTS, AVRIL
Address: 300 BURLEIGH STREET
City-St-Zip: ORLANDO, FL 32824

Title: DT () Delete
Name: MONROE, EVRIL
Address: 109 BRUNSON DRIVE
City-St-Zip: ORLANDO, FL 32805

Title: DS () Delete
Name: KILLOUGH, JUDY
Address: 11945 REDBRIDGE DRIVE
City-St-Zip: ORLANDO, FL 32824

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AVRIL ROBERTS

DP

03/31/2005

Electronic Signature of Signing Officer or Director

_____ Date