

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000006990 1. Entity Name DORCAS WOMEN OF FAITH INC.	
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Principal Place of Business 300 BURLEIGH STREET ORLANDO, FL 32824	Mailing Address 300 BURLEIGH STREET ORLANDO, FL 32824
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04272006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0383888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROBERTS, AVRIL 300 BURLEIGH STREET ORLANDO, FL 32824	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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7. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		
TITLE NAME	DP ROBERTS, AVRIL	
STREET ADDRESS CITY-ST-ZIP	300 BURLEIGH STREET ORLANDO, FL 32824	
TITLE NAME	DT MONROE, EVRIL	
STREET ADDRESS CITY-ST-ZIP	109 BRUNSON DRIVE ORLANDO, FL 32805	
TITLE NAME	DS KILLOUGH, JUDY	
STREET ADDRESS CITY-ST-ZIP	11945 REDBRIDGE DRIVE ORLANDO, FL 32824	
TITLE NAME		
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		
STREET ADDRESS CITY-ST-ZIP		

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05/13/06-80052-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet Roberts* 4/27/06 407-858-0799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #