

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000010146

**Entity Name:** DORCAS' WAY COMMUNITY OUTREACH CORPORATION**Current Principal Place of Business:**818 BREEZY LAKE WAY  
MINNEOLA, FL 34715**Current Mailing Address:**818 BREEZY LAKE WAY  
MINNEOLA, FL 34715 US**FEI Number:** 82-3040733**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KELLY, MARVA A  
818 BREEZY LAKE WAY  
MINNEOLA, FL 34715 US*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

**Officer/Director Detail :**

Title	P	Title	D
Name	KELLY, MARVA A	Name	POUZZNER, JEANNINE
Address	818BREEZYLAKE WAY	Address	1526 WILLOW PINE LANE
City-State-Zip:	MINNEOLA FL 34715	City-State-Zip:	MONTVERDE FL 34756
Title	AT	Title	T
Name	JEWEL, FRANCIS	Name	KIRKSEY, DENESE
Address	724 BLACK EAGLE DRIVE	Address	20260 US HWY 27
City-State-Zip:	GROVELAND FL 34736	City-State-Zip:	CLERMONT FL 34715
Title	D	Title	VP
Name	WICKER, DEBBIE	Name	MILLER, CLIMAR
Address	3115 EAGLES NEST RD	Address	818 BREEZY LAKE WAY
City-State-Zip:	FRUITLAND PARK FL 34731	City-State-Zip:	MINNEOLA FL 34715
Title	D	Title	T
Name	MCWILLIAMS, DARRELL	Name	VANDERMEY, KAREN
Address	12839 COLONADE CIRCLE	Address	800 SLOANS RIDGE RD
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	GROVELAND FL 34736

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: MARVA ANGELE KELLY****PRESIDENT****01/17/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name HALPIN, KATHY  
Address 213 BAYOU BEND RD  
City-State-Zip: GROVELAND FL 34736

Title S  
Name PUCCI, LISA DR.  
Address 16614 CARRAVAGIO LOOP  
City-State-Zip: MONTVERDE FL 34756

Title D  
Name GORHAM, NICHOLAS  
Address 11437 DOVETAIL LANE  
City-State-Zip: CLERMONT FL 34711