

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 755194 (8)**

1. Corporation Name

**DORCAS HOUSE MINISTRIES, INC.**

**FILED**  
**Aug 14, 1996 08:00 AM**  
**Secretary of State**



Principal Place of Business Mailing Address

101 E. AMELIA  
 TAMPA FL 33602

P.O. BOX 664  
 TAMPA FL 33601

3. Date Incorporated or Qualified **11/19/1980** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business *Same* 2a. Mailing Address *Same*

4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

22. Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip *33602* 25. Country *Nilbaro* 29. Zip *33601* 30. Country *Nilbaro*

8. This corporation is in compliance with Florida Statutes 199.032, Florida Statutes 1996-0107-010 No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAGUIRE, PATRICK T**  
**308 N. BELCHER RD.**  
**CLEARWATER FL 34625**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE                 | NAME                       | STREET ADDRESS       | CITY-ST-ZIP        | DELETE                   |
|-----------------------|----------------------------|----------------------|--------------------|--------------------------|
| D                     | O'NEAL, ELLA               | 101 E AMELIA         | TAMPA FL           | <input type="checkbox"/> |
| <i>Wmfred Brinson</i> | <i>4828 Belcher Dr.</i>    | <i>33602</i>         |                    | <input type="checkbox"/> |
| D                     | JONES, LORETTA             | 2339 PALMETTO        | TAMPA FL           | <input type="checkbox"/> |
| D                     | HOWELL, JENELSIE           | 11309 BROWNSTONE CT. | RIVERVIEW FL 33569 | <input type="checkbox"/> |
| <i>Ruth Dutiling</i>  | <i>7205 Creekswood Ct.</i> | <i>Tampa 33665</i>   |                    | <input type="checkbox"/> |
| D                     | MARCHMAN, DIANE            | 10940 N. 15TH ST.    | TAMPA FL 33612     | <input type="checkbox"/> |
| D                     | WILLIAMS, MARY             | 3706 E. MCBERRY AVE. | TAMPA FL 33610     | <input type="checkbox"/> |
|                       |                            |                      |                    | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME              | 1.3 STREET ADDRESS         | 1.4 CITY-ST-ZIP             | Change                              | Addition                            |
|-----------|-----------------------|----------------------------|-----------------------------|-------------------------------------|-------------------------------------|
|           | <i>Wmfred Brinson</i> | <i>4828 Belcher Dr.</i>    | <i>33602</i>                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|           | <i>Porella Jones</i>  | <i>2339 Palmetto</i>       | <i>Tampa FL 33607</i>       | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           | <i>Ruth Dutiling</i>  | <i>7205 Creekswood Ct.</i> | <i>Tampa FL 33665</i>       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|           | <i>Diane Marchman</i> | <i>10940 N. 15th St.</i>   | <i>Tampa FL 33612</i>       | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           | <i>Mary Williams</i>  | <i>3706 E. McBerry Ave</i> | <i>Tampa FL 33610</i>       | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           | <i>Sarah Rippe</i>    | <i>PO Box 1344</i>         | <i>Spring Hill FL 34610</i> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Matthew Eugene Justice*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*8/9/96*

Daytime Phone #

*854114196*

0011567

CR2E037 (3/96)