

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. Mortham
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

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

29

Zip

Country

Zip

Country

8. This report is filed in compliance with s. 199.032,
Florida Statutes, 1995-1996. No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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	D	DELETE
NAME	O'NEAL, ELLA	Winfred Brinson
STREET ADDRESS	101 E AMELIA	4828 Belcher Rd.
CITY-ST-ZIP	TAMPA FL	33602
TITLE	D	DELETE
NAME	JONES, LORETTA	
STREET ADDRESS	2339 PALMETTO	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	DELETE
NAME	HOWELL, JENELSIE	Ruth Dilling
STREET ADDRESS	11309 BROWNSTONE CT.	7205 Creekside Ct.
CITY-ST-ZIP	RIVERVIEW FL 33569	Tampa 33605
TITLE	D	DELETE
NAME	MARCHMAN, DIANE	
STREET ADDRESS	10940 N. 15TH ST.	
CITY-ST-ZIP	TAMPA FL 33612	238 6406
TITLE	D	DELETE
NAME	WILLIAMS, MARY	
STREET ADDRESS	3706 E. MCBERRY AVE.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	4828 Belcher Dr.	Change	Addition
1.2 NAME	Winfred Brinson		
1.3 STREET ADDRESS	4828 Belcher Rd.		
1.4 CITY-ST-ZIP	Tampa FL 33602		
2.1 TITLE	Lorella Jones	Change	Addition
2.2 NAME	2339 Palmetto		
2.3 STREET ADDRESS	Tampa FL 33607		
2.4 CITY-ST-ZIP			
3.1 TITLE	Ruth Dilling	Change	Addition
3.2 NAME	7205 Creekside Ct.		
3.3 STREET ADDRESS	Tampa FL 33605		
3.4 CITY-ST-ZIP			
4.1 TITLE	Diane Marchman	Change	Addition
4.2 NAME	10940 N. 15th St.		
4.3 STREET ADDRESS	Tampa FL 33612		
4.4 CITY-ST-ZIP			
5.1 TITLE	Mary Williams	Change	Addition
5.2 NAME	3706 E. McBerry Ave		
5.3 STREET ADDRESS	Tampa FL 33610		
5.4 CITY-ST-ZIP			
6.1 TITLE	Sarah Rypke	Change	Addition
6.2 NAME	V.P. Training		
6.3 STREET ADDRESS	PO Box 11344		
6.4 CITY-ST-ZIP	Tampa FL 33610		

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: *Mary Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/9/96
Daytime Phone: 813 941 1967

CR2E037 (3/96)