


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755194 (8)

1. Corporation Name

DORCAS HOUSE MINISTRIES, INC.



Principal Place of Business 101 E. AMELIA TAMPA FL 33602	Mailing Address P.O. BOX 684 TAMPA FL 33601
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3. Date Incorporated or Qualified
11/19/1980

4. FEI Number 237745363
NOT APPLICABLE

2. Principal Place of Business
21 Sulte, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE 8/3/98

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JUSTICE, EUNICE	
STREET ADDRESS	101 E AMELIA AVE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, LORETTA	
STREET ADDRESS	2337 PALMETTO	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OUTING, RUTH	
STREET ADDRESS	7205 CREEKWOOD CT	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCHMAN, DIANE	
STREET ADDRESS	10940 N. 15TH ST.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, MARY	
STREET ADDRESS	3706 E. MCBERRY AVE.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RYDER, SARAH	
STREET ADDRESS	P.O. BOX 11344 N/A	
CITY-ST-ZIP	SPRINGHILLS FL 34610	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/5/98 (813)
Daytime Phone # 223 2151

CR2E037 (5/98)