

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 664 TAMPA FL 33601
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3. Date Incorporated or Qualified 11/19/1980
4. FEI Number 237211536 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
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: *Patrick T. Maguire* (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 33815
TITLE	D <input type="checkbox"/> DELETE
NAME	MARCHMAN, DIANE
STREET ADDRESS	10940 N. 15TH ST.
CITY-ST-ZIP	TAMPA FL 33812
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: *Eunice Justice* (813) 223 2151
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **7/5/98** Daytime Phone #

CR2E037 (5/98)