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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 755194

1. Corporation Name
 DORCAS HOUSE MINISTRIES, INC. ~~AKA~~
~~MISSIONARY EVANGELISTIC TRAINING INSTITUTE~~

Principal Place of Business Mailing Address

101 E. AMELIA AVE. TAMPA, FLORIDA 33602
 PO BOX 664 TAMPA, FLA 33601

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	M/19/1980
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	23 724 5363
24	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PATRICK T. MAGUIRE, ESQ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTHER EUNICE JUSTICE	1.2 NAME	
STREET ADDRESS	101 E. AMELIA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FLA 33602	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONEAL, ELLA	2.2 NAME	YVONNE REBURN
STREET ADDRESS	4821 ASHLAND DR	2.3 STREET ADDRESS	2727 N. FLORIDA AVE
CITY-ST-ZIP	TAMPA, FLA 33610	2.4 CITY-ST-ZIP	TAMPA FLA 33602
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, LORETTA, DR.	3.2 NAME	
STREET ADDRESS	2337 PALMETTO	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FLA 33607	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUTING, RUTH	4.2 NAME	
STREET ADDRESS	7205 CREEKWOOD CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FLA 33616	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHMAN, DIANE	5.2 NAME	
STREET ADDRESS	10940 N. 15TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FLA 33612	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDER, SARAH	6.2 NAME	
STREET ADDRESS	P.O. BOX 11344	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL, FLA 34610	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, with all other like empowered.

SIGNATURE: Mother Eunice Justice 4/5/99 (813) 223 2151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)