

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755194

1. Entity Name

DORCAS HOUSE MINISTRIES, INC. ✓

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90006 025 ****61.25

Principal Place of Business

101 E. AMELIA
TAMPA FL 33602

Mailing Address

P.O. BOX 664
TAMPA FL 33601

2. Principal Place of Business

101, 103, 105 E Amelia Ave PO Box 664
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TPA FLA

City & State

TAMPA

4. FEI Number

23-7745363

Applied For

Not Applicable

Country

33602 Hillsboro

Zip

33601

Country

HILLSBORO

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGUIRE, PATRICK T
308 N. BELCHER RD. 1253 PARK ST.
CLEARWATER FL 34625-33756

7. Name and Address of New Registered Agent

Name PATRICK T MAGUIRE
Street Address (P.O. Box Number is Not Acceptable)
1253 PARK ST.
City CLEARWATER FL Zip Code 33956

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Signature]

7/21/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. 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 Pat Noeske	
STREET ADDRESS	2337 PALMETTO PO Box 68-1999	
CITY-ST-ZIP	TAMPA FL 33607 Orlando Fla 32868-1999	
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 Pat Noeske	
STREET ADDRESS	P.O. BOX 11944 N/A Orlando Fla	
CITY-ST-ZIP	SPRINGHILLS FL 34610 32868-1999	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Christine Kincaid	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4103 Oak Knoll Court #54	
STREET ADDRESS	Tpa 33610	
CITY-ST-ZIP		
TITLE	Charlotte Gludd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11814 Sweet Pea Ct.	
STREET ADDRESS	Tampa Fla 33635	
CITY-ST-ZIP		
TITLE	TOM RAYNOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12585 HAPPY HOLLOW AVE	
STREET ADDRESS	ODESSA, FLA 33556	
CITY-ST-ZIP		
TITLE	CASSANDRA TINSLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3716 E. GENESSEE ST	
STREET ADDRESS	TAMPA, FLA 33610	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 633 Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

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

Daytime Phone #

(813) 2232151

CR2E037 (5/00)