

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

0057-92

04-30-2001 90076 049 ****65.00

DOCUMENT # 755194

1. Entity Name

DORCAS HOUSE MINISTRIES, INC.

Principal Place of Business

101 E. AMELIA
 TAMPA FL 33602

Mailing Address

P.O. BOX 664
 TAMPA FL 33601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

HILLSBORO

Zip

Country

HILLSBORO

4. FEI Number

23-7745363

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

1253 PARK ST
 33756

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	2837 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 checked="" 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	

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		
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bobbe WAY	
STREET ADDRESS	441 W. HUMPHREY	
CITY-ST-ZIP	TAMPA FL 33614	
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 617, 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: *Eunice Justice*
EUNICE JUSTICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 (813) 223 2151

Date

Daytime Phone #

CFR2E037 (10/00)