

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

02-25-2002 90001 035 ****61.25

DOCUMENT # 755194

1. Entity Name

DORCAS HOUSE MINISTRIES, INC.

Principal Place of Business

Mailing Address

101 E AMELIA
 TAMPA FL 33602

P.O. BOX 664
 TAMPA FL 33601

25875

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7245363

Applied For

Not Applicable

Zip

Country

Zip

Country

33602 Holliston

33601 Holliston

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
 1253 PARK ST
 CLEARWATER FL 33756

Name

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

City

FL

Zip Code

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	JUSTICE, EUNICE	<input type="checkbox"/> Delete
NAME		101 E AMELIA AVE	
STREET ADDRESS		TAMPA FL 33602	
CITY-ST-ZIP			
TITLE	D	JONES, LORETTA	<input type="checkbox"/> Delete
NAME		1712 W ARCH ST	
STREET ADDRESS		TAMPA FL 33607	
CITY-ST-ZIP			
TITLE	D	OUTING, RUTH	<input type="checkbox"/> Delete
NAME		7205 CREEKWOOD CT	
STREET ADDRESS		TAMPA FL 33615	
CITY-ST-ZIP			
TITLE	T	WAY, BOBBI	<input type="checkbox"/> Delete
NAME		444 W HUMPHREY	
STREET ADDRESS		TAMPA FL 33614	
CITY-ST-ZIP			
TITLE	D	WILLIAMS, MARY	<input type="checkbox"/> Delete
NAME		3706 E. MCBERRY AVE.	
STREET ADDRESS		TAMPA FL 33610	
CITY-ST-ZIP			
TITLE	VP	RYDER, SARAH	<input type="checkbox"/> Delete
NAME		P.O. BOX 11344 N/A	
STREET ADDRESS		SPRINGHILLS FL 34810	
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
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Eunice Justice 4/12/02 (813) 223 2151

CR2E037 (9/01)