


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

05-13-2004 90005 032 \*\*\*\*61.25

<b>DOCUMENT # 755194</b>			
1. Entity Name DORCAS HOUSE MINISTRIES, INC.			
Principal Place of Business TOT, 103-105 E AMELIA <del>SOLD</del> TAMPA, FL 33602 114 VILL NORTH COURT WARNER ROBINS GA 31093		Mailing Address P.O. BOX 664 TAMPA, FL 33601	
2. Principal Place of Business		3. Mailing Address PO BOX 664	
Suite, Apt. #, etc. TAMPA, FLORIDA DEPENDS UPON COMPLETION TPA FLA 33601		Suite, Apt. #, etc.	
City & State OF PURCHASE		City & State	
Zip	Country HILLSBORO	Zip	Country HILLSBORO
4. FEI Number 23-7245363		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAGUIRE, PATRICK T 1253 PARK ST CLEARWATER, FL 33756		7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.		SIGNATURE: <u>PATRICK T MAGUIRE</u> <i>[Signature]</i> 7/1/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUSTICE, EUNICE 101 E AMELIA AVE TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELVIN BILLUPS PO BOX 484 WARNER ROBINS GA 31095 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, LORETTA 1712 W ARCH ST TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM CLYDE BOULER LUTZ, FLA 33549 141604 TURTLE CREEK LITTLE PT 1205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, BARBARA 1742 W ST LOUIS AVE TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MISSIONARY EVANGELIST FRED RYDER D PO BOX 11344, SPRING HILLS, FLA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAY, BOBBI 444 W HUMPHREY TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUSTIN PHILLIPS 613 VALLEY HILL DR BRANDON, FLA 35510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MARY 3708 E MCBERRY AVE TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RYDER, SARAH P.O. BOX 11344 N/A SPRINGHILLS, FL 34610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Eunice M. Justice</u> <i>[Signature]</i> 7/5/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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