

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90007 001 ****61.25

08-11-2005 90007 002 *****5.00

DOCUMENT # 755194

1. Entity Name

DORCAS HOUSE MINISTRIES, INC.



Principal Place of Business

116 VILL NORTH CT
WARNER ROBINS GA 31093

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

TAMPA, FLA.

City & State

4. FEI Number

23-7245363

Applied For

Not Applicable

Zip

33601

Country

HILLS BORD

Zip

33601

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EUNICE M. JUSTICE
P.O. BOX 664
TAMPA, FLORIDA 33601

Name

SAME AS NO. 6

2502 N. HABANA AVE
TAMPA, FLORIDA

Zip Code

33607

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

Eunice M. Justice

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JUSTICE, EUNICE	
STREET ADDRESS	PO BOX 664	
CITY-ST-ZIP	TAMPA, FLA. 33601	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BILLUPS, MELVIN	
STREET ADDRESS	PO BOX 8484	
CITY-ST-ZIP	WARNER ROBINS GA 31095	
TITLE	DM	<input type="checkbox"/> Delete
NAME	BOULER, CLYDE	
STREET ADDRESS	308 IN ALBANY AVE.	
CITY-ST-ZIP	TAMPA, FLORIDA 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYDER, FRED EVG.	
STREET ADDRESS	PO BOX 11344	
CITY-ST-ZIP	SPRING HILL FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, AUSTIN	
STREET ADDRESS	613 VALLEY HILL DR	
CITY-ST-ZIP	BRANDON FL 35510	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RYDER, SARAH	
STREET ADDRESS	P.O. BOX 11344 N/A	
CITY-ST-ZIP	SPRINGHILLS FL 34610	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<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 M. Justice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #