


# 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

<b>DOCUMENT # 755194</b> 1. Entity Name <b>DORCAS HOUSE MINISTRIES, INC.</b>			
Principal Place of Business		Mailing Address	
116 VILL NORTH CT WARNER ROBINS GA 31093		P.O. BOX 664 TAMPA FL 33601	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>TAMPA, FLA.</b>		City & State	
4. FEI Number <b>23-7245363</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		1st MOORE CR2E037 (10/04)	
Zip <b>33601</b>	Country <b>HILLS BORD</b>	Zip <b>33601</b>	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>EUNICE M. JUSTICE</b> <b>PO BOX 664</b> <b>TAMPA, FLORIDA 33601</b>		Name <b>SAME AS NO. 6</b> <b>2502 N. HABANA AVE</b> <b>TAMPA, FLORIDA</b> Zip Code <b>33607</b>	
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 <i>Eunice M. Justice</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P JUSTICE, EUNICE PO BOX 664 TAMPA, FLA. 33601 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP BILLUPS, MELVIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	PO BOX 8484	STREET ADDRESS	
CITY-ST-ZIP	WARNER ROBINS GA 31095	CITY-ST-ZIP	
TITLE	DM BOULER, CLYDE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	408 N. ALBANY AVE.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FLORIDA 33606	CITY-ST-ZIP	
TITLE	D RYDER, FRED EVG. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	PO BOX 11344	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 33614	CITY-ST-ZIP	
TITLE	D PHILLIPS, AUSTIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	613 VALLEY HILL DR	STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 35510	CITY-ST-ZIP	
TITLE	VP RYDER, SARAH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	P.O. BOX 11344 N/A	STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILLS FL 34610	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: <i>Eunice M. Justice</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	