

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90203 015 ****70.00

DOCUMENT # 755194



1. Entity Name
DORCAS HOUSE MINISTRIES, INC.

Principal Place of Business
**101. 103. 105 E AMELIA
TAMPA FL 33602**

Mailing Address
**P.O. BOX 664
TAMPA FL 33601**



CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **PATRICK T. MAGUIRE**

(NOTE: Registered Agent signature required when reinstating)

2/13/03
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 Florida 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	1712 W ARCH ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OUTING, RUTH	
STREET ADDRESS	7205 CREEKWOOD CT	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	T	<input type="checkbox"/> Delete
NAME	WAY, BOBBI	
STREET ADDRESS	444 W HUMPHREY	
CITY-ST-ZIP	TAMPA FL 33614	
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 checked="" type="checkbox"/> Addition
NAME	CASSANDRA TINSLEY	
STREET ADDRESS	3716 E. GONNESSEE ST	
CITY-ST-ZIP	TAMPA, FLA 33610	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLY ANDERSON, ESQ.	
STREET ADDRESS	2202 N. WESTSHORE BLVD. # 200	
CITY-ST-ZIP	TAMPA, FLA 33607	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARBARA BELL (MRS. TOWN)	
STREET ADDRESS	1742 W. ST. LOUIS AVE	
CITY-ST-ZIP	TPA FLA 33607	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANA MARCHMAN	
STREET ADDRESS	1305 FOUR SEASONS BLVD	
CITY-ST-ZIP	TAMPA FLA 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFF WEINER, DDS	
STREET ADDRESS	8412 ALMERIA	
CITY-ST-ZIP	TPA FLA 33629	
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: *[Signature]* **MOTHER EUNICE JUSTICE (MOTHER EUNICE JUSTICE)** (813) 223 2151

CR2E037 (10/02)