

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7245363**

Applied For
Not Applicable

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

Patrick T. Maguire **PATRICK T. MAGUIRE**

2/13/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **JUSTICE, EUNICE**
STREET ADDRESS **101 E AMELIA AVE**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **CASSANDRA TINSLEY** ☐ Change ☒ Addition
NAME **3716 E. GONNESSEE ST**
STREET ADDRESS **TAMPA, FLA 33610**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JONES, LORETTA**
STREET ADDRESS **1712 W ARCH ST**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **WALLY ANDERSON, ESQ.** ☐ Change ☒ Addition
NAME **2202 N. WESTSHORE BLVD. # 200**
STREET ADDRESS **TAMPA, FLA 33607**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **OUTING, RUTH**
STREET ADDRESS **7205 CREEKWOOD CT**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **GARBARA BELL (MRS. TOWN)** ☐ Change ☒ Addition
NAME **1742 W. ST. LOUIS AVE**
STREET ADDRESS **TPA FLA 33607**
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **WAY, BOBBI**
STREET ADDRESS **444 W HUMPHREY**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **DIANA MARCHMAN** ☐ Change ☒ Addition
NAME **1305 FOUR SEASONS BLVD**
STREET ADDRESS **TAMPA FLA 33613**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WILLIAMS, MARY**
STREET ADDRESS **3706 E. MCBERRY AVE.**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE **JEFF WEINER, DDS** ☐ Change ☐ Addition
NAME **8412 ALMERIA**
STREET ADDRESS **TPA FLA 33629**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **RYDER, SARAH**
STREET ADDRESS **P.O. BOX 11344 N/A**
CITY-ST-ZIP **SPRINGHILLS FL 34610**

TITLE ☐ Change ☐ 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: *Mother Eunice Justice* **MOTHER EUNICE JUSTICE** (813) 223 2151

CR2E037 (10/02)