

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

0002536

DOCUMENT # N00000002234

1. Entity Name

DORCAS' COMPASSION HOUSE, INC.

02-26-2001 90530 046 ****61.25

Principal Place of Business

9051 A D MIMS ROAD
 OCOEE FL 34761

Mailing Address

9051 A D MIMS ROAD
 OCOEE FL 34761

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

59-3649907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CANDELARIO, CRUCITA
1652 GLEN HAVEN CIRCLE
OCOEE FL 34761

7. Name and Address of New Registered Agent

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **CANDELARIO, CRUCITA**
 STREET ADDRESS **1652 GLEN HAVEN CIRCLE**
 CITY-ST-ZIP **OCOEE FL 34761**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **TORO, AMY**
 STREET ADDRESS **5614 DONNELLY DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **CANO, CECILIA**
 STREET ADDRESS **62 MISSION DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **MOJICA, ISIDORO**
 STREET ADDRESS **864 COPPERFIELD TERRACE**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ATD** ☐ Delete
 NAME **ROSA, MARIA A**
 STREET ADDRESS **1140 SOUTH ORLANDO AVENUE #G1**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **TD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GUTIERREZ, JOSE M**
 STREET ADDRESS **7818 EXPLANADE COURT**
 CITY-ST-ZIP **ORLANDO FL 32836**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

2-16-01

407-293-2318
407-293-4136