

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90053 011 ****61.25

DOCUMENT # N00000002234

1. Entity Name

DORCAS' COMPASSION HOUSE, INC.

Principal Place of Business

Mailing Address

**9051 A D MIMS ROAD
 OCOEE FL 34761**

**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

7. Name and Address of New Registered Agent

**CANDELARIO, CRUCITA
 1652 GLEN HAVEN CIRCLE
 OCOEE FL 34761**

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 **Secretary** ☒ Change ☐ Addition
 NAME **Martha Encarnacion**
 STREET ADDRESS **5513 Bonnie Brae Cr.**
 CITY-ST-ZIP **Orlando FL 32808**

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

TITLE **Public Relationist** ☒ Change ☐ Addition
 NAME **Adailsa Vega**
 STREET ADDRESS **5025 MYRTLE BAY DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32829**

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

TITLE ☐ 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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

4/25/02

Daytime Phone #

CR2E037 (9/01)