2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

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

02272004 No Chg-NP CR2E037 (10/03)

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000072511
03/01/04-80114-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CANDELARIO, CRUCITA
STREET ADDRESS	1652 GLEN HAVEN CIRCLE
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	SD
NAME	ENCARNACION, MARTHA
STREET ADDRESS	5216 BONNIE BREA COURT
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	S
NAME	FERNANDEZ, CARMEN M
STREET ADDRESS	4812 FIGWOOD LANE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	TD
NAME	CARRASQUILLO, ANA V
STREET ADDRESS	8011 TABBY LANE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	FERNANDEZ, BENJAMIN
STREET ADDRESS	4812 FIGWOOD LANE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 2-28-04 407-293-2318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #