2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 17, 2005 08:00 AM DOCUMENT # N00000002234 **Secretary of State** 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. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-3649907 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANDELARIO, CRUCITA Street Address (P.O. Box Number is Not Acceptable) 1652 GLEN HAVEN CIRCLE OCOEE FL 34761 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, 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 \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete THE Change ☐ Addition U00000233669 CANDELARIO, CRUCITA NAME NAME 02/17/05-88053-002 61.25 1652 GLEN HAVEN CIRCLE STREET ADDRESS STREET ADDRESS OCOEE FL 34761 CITY-ST-ZIP CITY-ST-ZIP SD 7171 E ☐ Delete HILE T Change Addition ENCARNACION, MARTHA NAME NAME 5216 BONNIE BREA COURT STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-ZiP Delete illie HILE ☐ Change ☐ Addition FERNANDEZ, CARMEN M NAME NAME 4812 FIGWOOD LANE STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-ZIP TOTLE ☐ Delete THE Change □ Addition CARRASQUILLO, ANA V NAME 8011 TABBY LANE STREET ADDRESS STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete THE Change Addition FERNANDEZ, BENJAMIN NAME NAME 4812 FIGWOOD LANE STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST- ZIP CITY-SI-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.

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