

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90160 043 ****61.25

DOCUMENT # N00000002234

1. Entity Name

DORCAS' COMPASSION HOUSE, INC.



Principal Place of Business

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

Mailing Address

**9051 A D MIMS ROAD
OCOE 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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANDELARIO, CRUCITA
1652 GLEN HAVEN CIRCLE
OCOE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Candelario, Crucita**

1-21-03

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

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

TITLE **SD** ☐ Delete
NAME **ENCARNACION, MARTHA**
STREET ADDRESS **5216 BONNIE BREA COURT**
CITY-ST-ZIP **ORLANDO FL 32808**

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

TITLE **PR** ☒ Delete
NAME **YEGA, ADALSA**
STREET ADDRESS **5025 MYRTLE BAY DRIVE**
CITY-ST-ZIP **ORLANDO FL 32829**

TITLE **S FERNANDEZ, CARMEN M.** ☒ Change ☐ Addition
NAME **4812 FIGWOOD LN**
STREET ADDRESS **ORLANDO, FL. 32808**
CITY-ST-ZIP

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

TITLE **CARRASQUILLO, ANA V.** ☒ Change ☐ Addition
NAME **8011 TABBY LANE**
STREET ADDRESS **MAITLAND, FL. 32751**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D FERNANDEZ, BENJAMIN** ☐ Change ☒ Addition
NAME **4812 FIGWOOD LN**
STREET ADDRESS **ORLANDO, FL. 32808**
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: **Crucita Candelario** (President of the Board) **1-21-03**

CR2E037 (10/02)