

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

**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

07-24-2003 90113 017 \*\*\*\*\*61.25

0011281

**DOCUMENT # N00000003972**

1. Entity Name

**DORCAS WORKS OF MERCY, INC.**



Principal Place of Business

**509 DOLPHIN DR.  
DELRAY BEACH FL 33445**

Mailing Address

**509 DOLPHIN DR.  
DELRAY BEACH FL 33445**

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 **65-1023453**

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

**SCARLETT, WILHELMINA  
509 DOLPHIN DR.  
DELRAY BEACH FL 33445**

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. 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**  
**After September 10, 2003, min will be \$236.25**

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

TITLE: **PD** ☐ Delete  
NAME: **SCARLETT, WILHELMINA**  
STREET ADDRESS: **509 DOLPHIN DRIVE**  
CITY-ST-ZIP: **DELRAY BEACH FL 33445**

TITLE: **VTD** ☐ Delete  
NAME: **PINKNEY, PATRICIA**  
STREET ADDRESS: **5132 HIDDEN COVE CIRCLE**  
CITY-ST-ZIP: **BIRMINGHAM AL 35215**

TITLE: **ST** ☐ Delete  
NAME: **CALHOUN, IVALLINE**  
STREET ADDRESS: **2763 BOUGAINVILLE DRIVE**  
CITY-ST-ZIP: **TARAWA TERRANCE NC 28543**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: ☐ Change ☐ Addition  
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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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

**7/19/03**  
Date

**561 276-6367**  
Daytime Phone #

CR2E037 (4/03)