

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

008177

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04-01-2002 90601 026 ****61.25

1. Entity Name

DORCAS FOUNDATION, INC.

Principal Place of Business

Mailing Address

**136 NORTH HUDSON STREET
 ORLANDO FL 32808**

**PO BOX 618082
 ORLANDO FL 32861-8082**

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

59-3731460

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORTIMER, RHONDA
 4029 SHADOWIND WAY
 GOTHA FL 34734**

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	VD	<input type="checkbox"/> Delete
NAME	MORTIMER, BRUCE C	
STREET ADDRESS	2427 CARIBBEAN COURT	
CITY-ST-ZIP	ORLANDO FL 32805	<i>Bruce C Mortimer</i>
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORTIMER, BERNICE	
STREET ADDRESS	2427 CARIBBEAN COURT	
CITY-ST-ZIP	ORLANDO FL 32805	<i>Bernice Mortimer</i>
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, GERALD	
STREET ADDRESS	6506 TEBBETTS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808	<i>Gerald Hamilton</i>
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, JULIE	
STREET ADDRESS	6506 TEBBETTS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808	<i>Julie Hamilton</i>
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRICE, CLARISSA	
STREET ADDRESS	2707 SEA BREEZE COURT	
CITY-ST-ZIP	ORLANDO FL 32805	<i>Clarissa T. Price</i>
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORTIMER, RHONDA E	
STREET ADDRESS	4029 SHADOWIND WAY	
CITY-ST-ZIP	GOTHA FL 34734	<i>Rhonda E. Mortimer</i>

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Antonio	
STREET ADDRESS	P.O. Box 681279	
CITY-ST-ZIP	Orlando, FL 32968-1279	<i>Bruce Antonio</i>
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerald Hamilton	
STREET ADDRESS	omit	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clarissa T. Price	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rhonda E. Mortimer

April 30, 2002

CF2E037 (9/01)