

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004130

1. Entity Name

DORCAS FOUNDATION, INC.

Principal Place of Business

136 NORTH HUDSON STREET
ORLANDO FL 32808

Mailing Address

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORTIMER, RHONDA
4029 SHADOWWIND 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	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORTIMER, BERNICE	
STREET ADDRESS	2427 CARIBBEAN COURT	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, GERALD	
STREET ADDRESS	6506 TEBBETTS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, JULIE	
STREET ADDRESS	6506 TEBBETTS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRICE, CLARISSA	
STREET ADDRESS	2707 SEA BREEZE COURT	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORTIMER, RHONDA E	
STREET ADDRESS	4029 SHADOWWIND WAY	
CITY-ST-ZIP	GOTHA FL 34734	

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	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerald Hamilton	
STREET ADDRESS	omit	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" 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

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

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



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)