


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90295 013 ****61.25

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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORTIMER, RHONDA 4029 SHADOWIND WAY GOTHA FL 34734			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORTIMER, BRUCE C		NAME		
STREET ADDRESS	2427 CARIBBEAN COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32805		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORTIMER, BERNICE		NAME		
STREET ADDRESS	2427 CARIBBEAN COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32805		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMILTON, GERALD		NAME		
STREET ADDRESS	6506 TEBBETTS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMILTON, JULIE		NAME		
STREET ADDRESS	6506 TEBBETTS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRICE, CLARISSA T		NAME		
STREET ADDRESS	2707 SEA BREEZE COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32805		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORTIMER, RHONDA E		NAME		
STREET ADDRESS	4029 SHADOWIND WAY		STREET ADDRESS		
CITY-ST-ZIP	GOTHA FL 34734		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: <i>Rhonda Mortimer</i> <i>Rhonda Mortimer</i> <i>4/26/04</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



MOORE CR2E037 (11/03)

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 SHADOWIND WAY
GOTHA FL 34734**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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DATE

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Due By May 1, 2004**

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Trust Fund Contribution. ☐

**\$5.00 May Be
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**Make Check Payable to
Florida Department of State**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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ORLANDO FL 32805 ☐ Delete

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☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/407/290-9210