## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004130

Entity Name: DORCAS FOUNDATION, INC.

FILED Apr 28, 2007 Secretary of State

| Current Principal Place of Business:   |   |          |         | New Principal Place of Business:                                    |  |                     |                       |  |
|--|---|----------|---------|---|--|---------------------|-----------------------|--|
| 136 NORTH HUDSON STREET<br>ORLANDO, FL 32808   |   |          |         | 136 NORTH HUDSON STREET<br>ORLANDO, FL 32835                        |  |                     |                       |  |
| Current Mailing Address:   |   |          |         | New Mailing Address:  |  |                     |                       |  |
| PO BOX 618082<br>ORLANDO, FL 328618082   |   |          |         |   |  |                     |                       |  |
| FEI Number: 59-3731460 FEI Number Applied For ( ) FEI Nu   |   |          | FEI Nun | mber Not Applicable ( ) Certificate of Status Desired ( )           |  |                     |                       |  |
| Name and Address of Current Registered Agent:  |   |          |         |   | Name and Address of New Registered Agent:          |                     |                       |  |
| MORTIMER, RHONDA<br>9331 TIBET POINTE CIRCLE<br>WINDERMERE, FL 34786 US  |   |          |         | MORTIMER, RHONDA<br>13135 AUBREY LANE<br>WINTER GARDEN, FL 34787 US |  |                     |                       |  |
| 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:   |   |          |         | 04/28/2007  |  |                     |                       |  |
| Electronic Signature of Registered Agent   |   |          |         | Date  |  |                     |                       |  |
| OFFICERS AND DIRECTORS:  |   |          |         | ADDITION  | S/CHANGE   | S TO OF             | FICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | VD () I<br>MORTIMER, BRU<br>2427 CARIBBEA<br>ORLANDO, FL 3  | N COURT  |         | Title:<br>Name:<br>Address:<br>City-St-Zip:                         | (  | ) Change            | ( ) Addition          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | PD () I<br>MORTIMER, BEF<br>2427 CARIBBEA<br>ORLANDO, FL 3  | N COURT  |         | Title:<br>Name:<br>Address:<br>City-St-Zip:                         | (  | ) Change            | ( ) Addition          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D () I<br>HAMILTON, GER<br>6506 TEBBETTS<br>ORLANDO, FL 3   | DRIVE    |         | Title:<br>Name:<br>Address:<br>City-St-Zip:                         | D (2<br>HAMILTON, G<br>4029 SHADON<br>GOTHA, FL 3  | ERALD<br>WIND WAY   | ( ) Addition          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D () I<br>HAMILTON, JULI<br>6506 TEBBETTS<br>ORLANDO, FL 3  | DRIVE    |         | Title:<br>Name:<br>Address:<br>City-St-Zip:                         | D ()<br>HAMILTON, JI<br>4029 SHADON<br>GOTHA, FL 3 | ULIE<br>WIND WAY    | ( ) Addition          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | SD () I<br>PRICE, CLARISS<br>2707 SEA BREE<br>ORLANDO, FL 3 | ZE COURT |         | Title:<br>Name:<br>Address:<br>City-St-Zip:                         | (  | ) Change            | ( ) Addition          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | TD () I<br>MORTIMER, RHO<br>4029 SHADOWIN<br>GOTHA, FL 3473 | ND WAY   |         | Title:<br>Name:<br>Address:<br>City-St-Zip:                         | TD (,<br>MORTIMER, F<br>13135 AUBRE<br>WINTER GAR  | RHONDA E<br>EY LANE |                       |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA MORTIMER DIR 04/28/2007