2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N01000004130

Entity Name: DORCAS FOUNDATION, INC.

Current Principal Place of Business:

136 NORTH HUDSON STREET
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

PO BOX 618082
ORLANDO, FL 328618082

New Mailing Address:

FEI Number: 59-3731460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORTIMER, RHONDA
13135 AUBREY LANE
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	MORTIMER, BRUCE C	
Address:	2427 CARIBBEAN COURT	
City-St-Zip:	ORLANDO, FL 32805	
Title:	PD	( ) Delete
Name:	MORTIMER, BERNICE	
Address:	2427 CARIBBEAN COURT	
City-St-Zip:	ORLANDO, FL 32805	
Title:	D	( ) Delete
Name:	HAMILTON, GERALD	
Address:	4029 SHADOWIND WAY	
City-St-Zip:	GOTHA, FL 34734	
Title:	D	( ) Delete
Name:	HAMILTON, JULIE	
Address:	4029 SHADOWIND WAY	
City-St-Zip:	GOTHA, FL 34734	
Title:	SD	( ) Delete
Name:	BUCKNER, ROBERT O	
Address:	P.O. BOX 560272	
City-St-Zip:	ORLANDO, FL 32856	
Title:	TD	( ) Delete
Name:	MORTIMER, RHONDA E	
Address:	13135 AUBREY LANE	
City-St-Zip:	WINTER GARDEN, FL 34787	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 E. MORTIMER PRES 04/28/2009

Electronic Signature of Signing Officer or Director — Date