

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000000249

1. Entity Name
DAUGHTERS OF DORCAS OUTREACH MINISTRY, INC.



Principal Place of Business
**4410 MERCADO DRIVE
SEBRING, FL 33872**

Mailing Address
**4410 MERCADO DRIVE
SEBRING, FL 33872**

DO NOT WRITE IN THIS SPACE



07182007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	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

**HILL, RUTH
4410 MERCADO DRIVE
SEBRING, FL 33872**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renating) DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000770259
07/24/07-80007-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HILL, RUTH 4410 MERCADO DRIVE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CAMPBELL, VIRGINIA 1512 CITRUS TERRACE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILTON, PATRICIA 1520 CITRUS TERR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEATHERS, DEBORAH A 1811 SAND TRAP CT. SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MILTON, PATRICIA 1520 CITRUS TERRACE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Ruth Hill Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-07-471-6847
Date Daytime Phone #