

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004682

1. Entity Name

DORCAS WHOLISTIC OUTREACH MINISTRIES, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90017 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

20200 SW 111TH AVE.  
MIAMI FL 33189

20200 SW 111TH AVE.  
MIAMI FL 33189-1114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0861601

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

MCINTOSH, DOROTHY  
20200 SW 111TH AVE.  
MIAMI FL 33189

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 DP ☐ Delete  
NAME MCLNTOSH, DOROTHY  
STREET ADDRESS 20200 S.W. 111 AVE.  
CITY-ST-ZIP MIAMI FL 33189

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME MONTAGUE, BARBARA  
STREET ADDRESS 16925 S.W. 109 CT  
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☒ Delete  
NAME BOOKS, BERYL  
STREET ADDRESS 16505 SW 107 CT  
CITY-ST-ZIP MIAMI FL 33157

TITLE DT ☒ Change ☐ Addition  
NAME Sybil O'Connor-ELLIS  
STREET ADDRESS 1724 S.W. 174 Terrace  
CITY-ST-ZIP Miami, FL 33157

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Dorothy McIntosh* (DOROTHY MCINTOSH)

Date

Daytime Phone #

CR2E037 (9/99)