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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000932

1. Corporation Name
OPEN ARMS MINISTRIES OF YBOR CITY, INC.

Principal Place of Business	Mailing Address
1213 E. 6TH AVENUE TAMPA FL 33605	PO BOX #273874 TAMPA FL 33688

2. Principal Place of Business 21 935 E. 11th Ave Suite, Apt. #, etc. 22 City & State 23 Tampa, FL Zip / Country 24 33605 25	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 28 Zip / Country 29 30	3. Date Incorporated or Qualified 02/17/1998 4. FEI Number 59-3444228 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing ☐ $5.00 May Be Added to Fees Trust Fund Contribution

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VICENTE ~~VINCENTE~~, JOEL 16148 FOXFIRE DRIVE TAMPA FL 33618	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VICENTE, JOEL		1.2 NAME		
STREET ADDRESS	16148 FOXFIRE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VICENTE, KRISTI		2.2 NAME		
STREET ADDRESS	16148 FOXFIRE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENITEZ, SAMMY		3.2 NAME		
STREET ADDRESS	1519 CITRUS ORCHARD WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	ROCHE, GABRIEL JR		4.2 NAME	Roche, GABRIEL, JR	
STREET ADDRESS	15402 PLANTATION OAKS DRIVE #16		4.3 STREET ADDRESS	29301 Birds Eye Dr.	
CITY-ST-ZIP	TAMPA FL 33647		4.4 CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE	D	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	ROCHE, KATHY		5.2 NAME	Roche, KATHY	
STREET ADDRESS	15402 PLANTATION OAKS DRIVE #16		5.3 STREET ADDRESS	29301 Birds Eye Dr.	
CITY-ST-ZIP	TAMPA FL 33647		5.4 CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BENITEZ, ODALIS		6.2 NAME		
STREET ADDRESS	1519 CITRUS ORCHARD WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED VICENTE 1/30/99 813 357-3008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #