

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000932

1. Entity Name

OPEN ARMS MINISTRIES OF YBOR CITY, INC.

Principal Place of Business

835 E. 11TH AVE
TAMPA FL 33605

Mailing Address

PO BOX #273874
TAMPA FL 33688

2. Principal Place of Business

953 E. 11th Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 273874

Suite, Apt. #, etc.

City & State

Tpa, FL

City & State

Tpa FL

Zip

Country

33605

usa

Zip

Country

33688

usa

4. FEI Number

59-3444228

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

VICENTE, JOEL
16148 FOXFIRE DRIVE
TAMPA FL 33618

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VICENTE, JOEL
16148 FOXFIRE DRIVE
TAMPA FL 33618 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
VICENTE, KRISTI
16148 FOXFIRE DRIVE
TAMPA FL 33618 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BENITEZ, SAMMY
1519 CITRUS ORCHARD WAY
VALRICO FL 33594 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ROCHE, GABRIEL JR
29301 BIRDS EYE DR.
WESLEY CHAPEL FL 33543 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROCHE, KATHY
29301 BIRDS EYE DR.
WESLEY CHAPEL FL 33543 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BENITEZ, ODALIS
1519 CITRUS ORCHARD WAY
VALRICO FL 33594 ☐ Delete

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-01

813.789.4368

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90220 022 ****61.25

750829



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)