

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000932

FILED
Jan 29, 2004
Secretary of State

Entity Name: OPEN ARMS MINISTRIES OF YBOR CITY, INC.

Current Principal Place of Business:

953 E. 11TH AVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

PO BOX #273874
TAMPA, FL 33688

New Mailing Address:

PO BOX #273874
TAMPA, FL 33688 38

FEI Number: 59-3444228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICENTE, JOEL
2636 AMBERSIDE WAY
WESLEY CHAPEL, FL 33543 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: PD () Delete
Name: VICENTE, JOEL
Address: 2636 AMBERSIDE WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VD () Delete
Name: VICENTE, KRISTI L
Address: 2636 AMBERSIDE WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: TD () Delete
Name: BENITEZ, SAMMY
Address: 1519 CITRUS ORCHARD WAY
City-St-Zip: VALRICO, FL 33594

Title: SD () Delete
Name: ROCHE, GABRIEL JR
Address: 29301 BIRDS EYE DR.
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: ROCHE, KATHY
Address: 29301 BIRDS EYE DR.
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: BENITEZ, ODALIS
Address: 1519 CITRUS ORCHARD WAY
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BENITEZ, SAMMY
Address: 1519 CITRUS ORCHARD WAY
City-St-Zip: VALRICO, FL 33594

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 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 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: JOEL VICENTE

PD

01/29/2004

Electronic Signature of Signing Officer or Director

Date

VALERIE MARTINEZ, TRUSTEE
9914 TIMMONS RD.
THONOTOSASSA, FL 33592

JAMES MARTINEZ, TREASURER
9914 TIMMONS RD.
THONOTOSASSA, FL 33592