2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006
Secretary of State

DOCUMENT# N98000000932

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:

2436 AMBERSIDE RD
WESLEY CHAPEL, FL 33543

Current Mailing Address:

PO BOX #273874
TAMPA, FL 33688

New Mailing Address:

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
2436 AMBERSIDE WAY
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

VICENTE, JOEL
2436 AMBERSIDE RD
WESLEY CHAPEL, FL 33543 US

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: _____ 02/24/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VICENTE, JOEL
Address: 2436 AMBERSIDE WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VD ( ) Delete
Name: VICENTE, KRISTI L
Address: 2436 AMBERSIDE WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: TD ( ) Delete
Name: JAMES, MARTINEZ
Address: 9914 TIMMONS RD
City-St-Zip: THONOTOSASSA, FL 33592

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: MARTINEZ, VALERIE
Address: 9914 TIMMONS RD
City-St-Zip: THONOTOSASSA, FL 33592

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VICENTE, JOEL
Address: 2436 AMBERSIDE RD
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VD (X) Change ( ) Addition
Name: VICENTE, KRISTI L
Address: 2436 AMBERSIDE RD
City-St-Zip: WESLEY CHAPEL, FL 33543

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

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 Chapter 119, 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 02/24/2006
Electronic Signature of Signing Officer or Director — Date