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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000951 (1)

1. Corporation Name

OPEN ARMS MINISTRIES, INC.

Principal Place of Business	Mailing Address
5290 CHAKANOTOSA CIRCLE ORLANDO FL 32818	5290 CHAKANOTOSA CIRCLE ORLANDO FL 32818

3. Date Incorporated or Qualified: 02/22/1996

4. FEI Number: 59-3364450 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

FLORENCE, PHYLLIS L
5290 CHAKANOTOSA CIRCLE
ORLANDO FL 32818

10. Name and Address of New Registered Agent

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. Each 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: Phyllis L. Florence DATE: 2/06/98

Signature of new registered agent required when reinstating. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FLORENCE, ERIC C		1.2 NAME		
STREET ADDRESS	5290 CHAKANOTOSA CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32818		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLORENCE, PHYLLIS L		2.2 NAME		
STREET ADDRESS	5290 CHAKANOTOSA CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32818		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOND, R. MICHAEL		3.2 NAME		
STREET ADDRESS	5054 SIGNAL HILL ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOND, JENNIFER L		4.2 NAME		
STREET ADDRESS	5054 SIGNAL HILL ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, CLAY W		5.2 NAME		
STREET ADDRESS	2008 PAULA MICHELLE COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	OCOEE FL 32761		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORSE, TANGELA		6.2 NAME		
STREET ADDRESS	220 S.W. CLEVELAND ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Phyllis L. Florence Secretary Phyllis L. Florence 2/06/98 (407)292-9584