2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# N96000000951

Entity Name: OPEN ARMS MINISTRIES, INC.

Current Principal Place of Business:

5290 CHAKANOTOSA CIRCLE
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

5290 CHAKANOTOSA CIRCLE
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 59-3364450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORENCE, PHYLLIS L
5290 CHAKANOTOSA CIRCLE
ORLANDO, FL 32818 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: D ( ) Delete
Name: FLORENCE, ERIC C
Address: 5290 CHAKANOTOSA CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: FLORENCE, PHYLLIS L
Address: 5290 CHAKANOTOSA CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: SD ( ) Delete
Name: MORSE, TANGELA M
Address: 1500 LAKE AVENUE
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: SHERVINGTON, ANTHONY
Address: 6508 ABBEYDALE CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: SHERRINGTON, LENITA
Address: 6508 ABBEYDALE CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: WILLIAMS, KIMBERLY S
Address: 303 ALDRUP WAY
City-St-Zip: LAKE MARY, FL 32746

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

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

Title: D ( ) Change (X) Addition
Name: BROWN, GEDDES
Address: 5467 ENSOR TERRACE
City-St-Zip: WINTER PARK, FL 32792

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: PHYLLIS L FLORENCE RA 02/08/2006

Electronic Signature of Signing Officer or Director — Date