

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000951

FILED
Mar 23, 2011
Secretary of State

Entity Name: OPEN ARMS MINISTRIES, INC.

Current Principal Place of Business:

5290 CHAKANOTOSA CIRCLE
ORLANDO, FL 32818 US

New Principal Place of Business:

3939 ROSEWOOD WAY
ORLANDO, FL 32808 US

Current Mailing Address:

5290 CHAKANOTOSA CIRCLE
ORLANDO, FL 32818 US

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
Name: FLORENCE, ERIC C
Address: 5290 CHAKANOTOSA CIRCLE
City-St-Zip: ORLANDO, FL 32818

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

Title: SD
Name: WILLIAMS, KIMBERLY S
Address: 34 SHERWOOD TERRACE DRIVE, APT 110
City-St-Zip: LAKE MARY, FL 32818

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

Title: D
Name: SHERVINGTON, LENITA F
Address: 6508 ABBEYDALE CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: D
Name: BROWN, GEDDES F
Address: 5467 ENSOR TERRACE
City-St-Zip: WINTER PARK, FL 32792

I hereby 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 all other like empowered.

SIGNATURE: PHYLLIS L. FLORENCE

D

03/23/2011

Electronic Signature of Signing Officer or Director

Date