

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008825

**Entity Name:** HIS OPEN ARMS, INC.

**Current Principal Place of Business:**

1305 CLEARVIEW PKWY  
A  
METAIRIE, LA 70001

**Current Mailing Address:**

P.O. BOX 11023  
NEW ORLEANS, LA 70181 US

**FEI Number: 38-3692458**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARROW'S TAX SERVICE  
948 S. HWY 29  
CANTONMENT, FL 32533 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            ENGVALL, DONNA M  
Address        P.O. BOX 11023  
City-State-Zip: NEW ORLEANS LA 70181

Title            DIRECTOR  
Name            MEAD, SUSAN  
Address        425 WESTWOOD DR.  
City-State-Zip: MARYVILLE TN 37803

Title            D  
Name            FELDSCHAU, RANDY  
Address        2350 EASTEX FWY.  
City-State-Zip: BEAUMONT TX 77703

Title            DIRECTOR  
Name            OBERKIRCHER, JIM  
Address        3322 HIDEAWAY LN  
City-State-Zip: SPRING TX 77388

Title            DIRECTOR  
Name            FREEMAN, ANTHONY R  
Address        4045 HUGO DR  
City-State-Zip: MARRERO LA 70072

*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: DONNA ENGVALL**

**PRESIDENT**

**03/21/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date