

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011370

Entity Name: LITTLE ARMS BIG HEART MINISTRIES, INC.**Current Principal Place of Business:**609 DUNDEE DR
PENSACOLA, FL 32507**Current Mailing Address:**609 DUNDEE DR
PENSACOLA, FL 32507**FEI Number:** 20-5827982**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEAVER, WESLEY J
609 DUNDEE DR
PENSACOLA, FL 32507 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	DP
Name	WEAVER, MARIE N
Address	609 DUNDEE DR
City-State-Zip:	PENSACOLA FL 32507

Title	DV
Name	SMITH, CAROL J
Address	30122 CAULEY RD
City-State-Zip:	OPP AL 36467

Title	DS
Name	PAPE, ROSEMARY
Address	2404 CAVALLA LOOP
City-State-Zip:	PENSACOLA FL 32526

Title	DT
Name	WEAVER, WESLEY J
Address	609 DUNDEE DR
City-State-Zip:	PENSACOLA FL 32507

Title	D
Name	LADNER, JANIE L
Address	7875 GALAXY CT
City-State-Zip:	PENSACOLA FL 32506

Title	D
Name	WILKERSON, LINDA A
Address	15030 COUNTY RD 83 N
City-State-Zip:	ELBERTA AL 36530

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: WESLEY J WEAVER

DT

03/15/2014

Electronic Signature of Signing Officer/Director Detail_____
Date