

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000008521

**Entity Name:** IN THE ARMS OF MY MOTHER, INC

**Current Principal Place of Business:**

1193 SE PORT ST. LUCIE BLVD.  
SUITE 122  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

1193 SE PORT ST. LUCIE BLVD.  
SUITE 122  
PORT SAINT LUCIE, FL 34952 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BILESANMI-BARBOSA, HAWA M  
1193 SE PORT ST. LUCIE BLVD.  
SUITE 122  
PORT SAINT LUCIE, FL 34952 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           BILESANMI-BARBOSA, HAWA M  
Address       1193 SE PORT ST. LUCIE BLVD.  
                  SUITE 122  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title           VP  
Name           BARBOSA, MAGNO A  
Address       1193 SE PORT ST. LUCIE BLVD.  
                  SUITE 122  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title           TREA  
Name           MORSAY, HAWA  
Address       16 LEBANON FIREFORCE  
City-State-Zip: KONO DISTRICT REP SA SL324-4

Title           DIR  
Name           MORSAY, HAWA  
Address       16 LEBANON FIREFORCE  
City-State-Zip: KONO SIERRA LEONE SA SL324-4

Title           DIR  
Name           BILESANMI-BARBOSA, HAWA M  
Address       1193 SE PORT ST. LUCIE BLVD.  
                  SUITE 122  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title           DIR  
Name           BARBOSA, MAGNO  
Address       1193 SE PORT ST. LUCIE BLVD.  
                  SUITE 122  
City-State-Zip: PORT SAINT LUCIE FL 34952

*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:** HAWA M. BILESANMI-BARBOSA

**PRESIDENT**

**04/30/2024**

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

\_\_\_\_\_  
Date