

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000951

**Entity Name:** OPEN ARMS MINISTRIES, INC.**Current Principal Place of Business:**3939 ROSEWOOD WAY  
ORLANDO, FL 32808**Current Mailing Address:**5290 CHAKANOTOSA CIRCLE  
ORLANDO, FL 32818 US**FEI Number:** 59-3364450**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLORENCE, PHYLLIS L  
5290 CHAKANOTOSA CIRCLE  
ORLANDO, FL 32818 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	D
Name	FLORENCE, ERIC C
Address	5290 CHAKANOTOSA CIRCLE
City-State-Zip:	ORLANDO FL 32818

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

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

Title	DIRECTOR
Name	FORD, VALERIE D
Address	1121 MERRITT STREET
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

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

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

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

Title	D
Name	TAYLOR, DENYSE
Address	1359 LONGHILL DRIVE
City-State-Zip:	APOPKA FL 32808

**Continues on page 2**

*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 FLORENCE**REGISTERED AGENT****04/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	BROWN, LESLEY
Address	5467 ENSOR TERRACE
City-State-Zip:	WINTER PARK FL 32792