

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719955

FILED
Mar 05, 2010
Secretary of State

Entity Name: THE GOLDEN ARMS, INC.

Current Principal Place of Business:

601 N. ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

601 N. ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-6528061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES SAGAN
601 N. ATLANTIC AVE. #203
NEW SMYRNA BEACH, FL 32169 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: DR.
Name: HICKEY, TIM
Address: 601 N. ATLANTIC ACENUE, #105
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MRS.
Name: LEWIS, LESLIE L
Address: 601 N. ATLANTIC AVE., #109
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: P
Name: HAGUE, MARY K
Address: 601 N. ATLANTIC AVE. #711
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T
Name: PALATIERE, DAVID
Address: 518 SPRING CLUB DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V
Name: KALLAS, JIM
Address: 910 N. NEWTON
City-St-Zip: GLEN ELLYN, IL 60137

Title: D
Name: GARNER, SUE
Address: 601 N. ATLANTIC AVENUE, #103
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: LESLIE L. LEWIS

SEC

03/05/2010

Electronic Signature of Signing Officer or Director

Date