

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005379

FILED
Mar 01, 2004
Secretary of State**Entity Name:** WITH ARMS WIDE OPEN FOUNDATION, INC.**Current Principal Place of Business:**525 EAST COLLEGE AVE.
TALLAHASSEE, FL 32301**New Principal Place of Business:****Current Mailing Address:**525 EAST COLLEGE AVE.
TALLAHASSEE, FL 32301**New Mailing Address:****FEI Number:** 59-3664721**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCNEELY, ROBERT A ESQ
C/O MCFARLAIN, WILEY, CASSEDY & JONES, PA
305 S. GADSDEN ST.
TALLAHASSEE, FL 32301**Name and Address of New Registered Agent:**MCNEELY, ROBERT A ESQ
PO BOX 10524
305 S. GADSDEN ST.
TALLAHASSEE, FL 32302 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: _____

03/01/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: STAPP, SCOTT A
Address: 15 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: VCD (X) Delete
Name: HANSON, JEFF
Address: 15 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: STD () Delete
Name: MCNEELY, ROBERT A
Address: 215 S MONROE ST, STE 600
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT A. MCNEELY, ESQ.

STD

03/01/2004

Electronic Signature of Signing Officer or Director

Date