

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001052

1. Entity Name
OPEN ARMS BAPTIST CHURCH INC.



Principal Place of Business
9039 BEACH BLVD.
JACKSONVILLE, FL 32216

Mailing Address
9039 BEACH BLVD.
JACKSONVILLE, FL 32216



02262004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
48-1253982

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, C DAVID
1851 RIVER BLUFF ROAD N
JACKSONVILLE, FL 32211

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHITE, C DAVID
STREET ADDRESS	1851 RIVER BLUFF RD N
CITY - ST - ZIP	JACKSONVILLE, FL 32211
TITLE	SD
NAME	WHITE, PANDORA V
STREET ADDRESS	1851 RIVER BLUFF RD N
CITY - ST - ZIP	JACKSONVILLE, FL 32211
TITLE	VD
NAME	CARLL, ASHLEY
STREET ADDRESS	44077 ANN DRIVE
CITY - ST - ZIP	CALLAHAN, FL 32011
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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5 03/04-80076-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PV White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 (904) 641-4887
Date Daytime Phone #