2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N02000001052

Entity Name: OPEN ARMS BAPTIST CHURCH INC.

Current Principal Place of Business:

9039 BEACH BLVD.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

9039 BEACH BLVD.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 48-1253982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WHITE, C DAVID DR.
1851 RIVER BLUFF ROAD N
JACKSONVILLE, FL 32211 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: DR. C. DAVID WHITE 04/28/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WHITE, C DAVID
Address: 1851 RIVER BLUFF RD N
City-St-Zip: JACKSONVILLE, FL 32211

Title: SD ( ) Delete
Name: WHITE, PANDORA V
Address: 1851 RIVER BLUFF RD N
City-St-Zip: JACKSONVILLE, FL 32211

Title: VD ( ) Delete
Name: CARLL, ASHLEY
Address: 44077 ANN DRIVE
City-St-Zip: CALLAHAN, FL 32011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WHITE, C DAVID DR
Address: 1851 RIVER BLUFF RD N
City-St-Zip: JACKSONVILLE, FL 32211

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: DR. C. DAVID WHITE PD 04/28/2005
Electronic Signature of Signing Officer or Director Date