

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001052

FILED
Aug 29, 2007
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITE, C DAVID DR
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: () 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 exemption stated in Chapter 119, 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

08/29/2007

Electronic Signature of Signing Officer or Director

Date