

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008825

FILED
Apr 30, 2005
Secretary of State

Entity Name: HIS OPEN ARMS, INC.

Current Principal Place of Business:

110 W GADSDEN ST
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

PO BOX 36305
PENSACOLA, FL 32516

New Mailing Address:

FEI Number: 38-3692458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGVAL, DONNA M
110 W GADSDEN ST
PENSACOLA, FL 32501 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: D () Delete
Name: ENGVAL, DONNA M
Address: 110 W GADSDEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: MEAD, SUSAN
Address: 4677 PETRA CIR
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: HUMPHREYS, RICK
Address: 257 EAST LEE ST
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: ENGVAL, JOHN
Address: 149 WIEGAND DR
City-St-Zip: NINE MILE POINT, LA 70094

Title: D () Delete
Name: PEARCE, STEVE
Address: 422 BAY PINE VILLA
City-St-Zip: PENSACOLA, FL 32506

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:

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: DONNA M. ENGVAL

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date