


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90092 006 ****61.25

DOCUMENT # N03000008825		
1. Entity Name HIS OPEN ARMS, INC.		

Principal Place of Business 110 W GADSDEN ST PENSACOLA, FL 32501	Mailing Address PO BOX 36305 PENSACOLA, FL 32516
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2. Principal Place of Business - No P.O. Box # 6930 Falcon Ln.	3. Mailing Address B
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Pensacola, FL	City & State
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Zip 32526	Country USA	Zip	Country
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40113100



05072007 Chg-NP CR2E037 (12/06)

4. FEI Number 38-3692458	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ENGVAL, DONNA M 110 W GADSDEN ST PENSACOLA, FL 32501	
Address Change	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 <u>Donna M. Engvall</u> Donna M. Engvall	DATE <u>5/1/07</u>

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGVAL, DONNA M 110 W GADSDEN ST PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donna M. Engvall <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6930 Falcon Ln. Pensacola, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEAD, SUSAN 14781 MEMORIAL DR. BOX 75 HOUSTON, TX 77079 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDSCHAU, RANDY 3454 MARCUS POINE BLVD. PENSACOLA, FL 32505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Feldschau, Randy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2350 Eastex Fwy. Beaumont, TX 77703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGVAL, JOHN 149 WIEGAND DR NINE MILE POINT, LA 70094 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARCE, STEVE 1660 ROK DR. PENSACOLA, FL 32506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Donna M. Engvall 5/1/07 850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Donna M. Engvall