

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008825

FILED
Apr 29, 2009
Secretary of State

Entity Name: HIS OPEN ARMS, INC.

Current Principal Place of Business:

6930 FALCON LN
PENSACOLA, FL 32526

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:

ENGVALL, DONNA M
6930 FALCON LN.
PENSACOLA, FL 32526 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: ENGVALL, DONNA M
Address: 6930 FALCON LN
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: MEAD, SUSAN
Address: 14781 MEMORIAL DR. BOX 75
City-St-Zip: HOUSTON, TX 77079

Title: D () Delete
Name: FELDSCHAU, RANDY
Address: 2350 EASTEX FWY.
City-St-Zip: BEAUMONT, TX 77703

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

Title: D (X) Delete
Name: PEARCE, STEVE
Address: 1660 ROOK DR.
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MEAD, SUSAN
Address: 118 NORTH PETERS ROAD
City-St-Zip: KNOXVILLE, TN 37923

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: DONNA M. ENGVALL

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date