

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010683

1. Entity Name
OPEN ARMS MINISTRIES INTERNATIONAL, INC.



Principal Place of Business
305 SW 4TH AVENUE
HOMESTEAD, FL 33032

Mailing Address
12408 SW 266TH LANE
NARANJA, FL 33032



03102005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
33-1071186

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRIFFITH, AISHA S
12408 SW 266TH LANE
NARANJA, FL 33032

**DO NOT WRITE
IN THIS SPACE**

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

Pastor Aisha S Griffith

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000330930
04/25/05-80177-018 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRIFFITH, AISHA S 12408 SW 266TH LANE NARANJA, FL 33032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JOHNSON, CHRISTINE E 26558 SW 123RD PLACE NARANJA, FL 33032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FINLEY, VINCENT D 305 SW 4TH AVE. HOMESREAD, FL 33032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFITH, JAMES E 12408 SW 266TH LANE NARANJA, FL 33032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, ARCHIE 26558 SW 123RD PLACE NARANJA, FL 33032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROCKLINGTON, ROSALIND 305 SW 4TH AVE HOMESTEAD, FL 33032

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Aisha S Griffith, Pastor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #