2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006
Secretary of State

DOCUMENT# N03000010683

Entity Name: OPEN ARMS MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

305 SW 4TH AVENUE
HOMESTEAD, FL 33032

New Principal Place of Business:

Current Mailing Address:

12408 SW 266TH LANE
NARANJA, FL 33032

New Mailing Address:

FEI Number: 33-1071186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GRIFFITH, AISHA S
12408 SW 266TH LANE
NARANJA, FL 33032 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:	P	( ) Delete
Name:	GRIFFITH, AISHA S	
Address:	12408 SW 266TH LANE	
City-St-Zip:	NARANJA, FL 33032	
Title:	V	( ) Delete
Name:	JOHNSON, CHRISTINE E	
Address:	26558 SW 123RD PLACE	
City-St-Zip:	NARANJA, FL 33032	
Title:	D	( ) Delete
Name:	FINLEY, VINCENT D	
Address:	305 SW 4TH AVE.	
City-St-Zip:	HOMESREAD, FL 33032	
Title:	D	( ) Delete
Name:	GRIFFITH, JAMES E	
Address:	12408 SW 266TH LANE	
City-St-Zip:	NARANJA, FL 33032	
Title:	D	( ) Delete
Name:	JOHNSON, ARCHIE	
Address:	26558 SW 123RD PLACE	
City-St-Zip:	NARANJA, FL 33032	
Title:	D	( ) Delete
Name:	BROCKLINGTON, ROSALIND	
Address:	305 SW 4TH AVE	
City-St-Zip:	HOMESTEAD, FL 33032	

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:	D	(X) Change ( ) Addition
Name:	SMITH-WALLER, TAREA	
Address:	3415 NE 9TH DRIVE BUILD 1 CONDO 201	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	D	(X) Change ( ) Addition
Name:	LLOYD-WEBB, ELVERIA	
Address:	305 SW 4TH AVENUE	
City-St-Zip:	NARANJA, FL 33032	
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 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: AISHA GRIFFITH P 03/08/2006

Electronic Signature of Signing Officer or Director — Date