2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010683

FILED Jan 02, 2007 Secretary of State

Entity Name: OPEN ARMS MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business: 305 SW 4TH AVENUE HOMESTEAD, FL 33032 **Current Mailing Address: New Mailing Address:** 12408 SW 266TH LANE NARANJA, FL 33032 FEI Number: 33-1071186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRIFFITH, AISHA S 12408 SW 266TH LANE NARANJA, FL 33032 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GRIFFITH, AISHA S Name: Name: 12408 SW 266TH LANE Address: Address: City-St-Zip: NARANJA, FL 33032 City-St-Zip: Title: Title: () Delete () Change () Addition JOHNSON, CHRISTINE E Name: Name: Address: 26558 SW 123RD PLACE Address: City-St-Zip: NARANJA, FL 33032 City-St-Zip: Title: () Delete Title: () Change () Addition FINLEY, VINCENT D Name: Name: 305 SW 4TH AVE. Address: Address: City-St-Zip: HOMESREAD, FL 33032 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: SMITH-WALLER, TAREA Name: LANIER, HALISA 3415 NE 9TH DRIVE BUILD 1 CONDO 201 305 SW 4TH AVENUE Address: Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: HOMESTEAD, FL 33030 Title: () Delete Title: (X) Change () Addition LLOYD-WEBB, ELVERIA JORDAN, LAVERN Name: Name: 305 SW 4TH AVENUE 305 SW 4TH AVENUE Address: Address: City-St-Zip: NARANJA, FL 33032 City-St-Zip: NARANJA, FL 33030 Title: () Delete Title: (X) Change () Addition BROCKLINGTON, ROSALIND BROCKLINGTON, ROSALIND Name: Name: Address: 305 SW 4TH AVE Address: 305 SW 4TH AVE HOMESTEAD, FL 33032 HOMESTEAD, FL 33030 City-St-Zip: 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 01/02/2007