2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N04000002278

Entity Name: OPEN ARMS MISSION INC.

Current Principal Place of Business:

6622 HINOTE STREET
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

6622 HINOTE STREET
MILTON, FL 32570

New Mailing Address:

FEI Number: 33-1086890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUNTON, JOHN C
6622 HINOTE STREET
MILTON, FL 32570 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: JOHNSON, GREGORY S
Address: 1100 SCENIC HWY. APT. #40
City-St-Zip: PENSACOLA, FL 32503

Title: VP ( ) Delete
Name: ADAMS, GRADY R
Address: 1100 SCENIC HWY. APT.#20
City-St-Zip: PENSACOLA, FL 32503

Title: ST ( ) Delete
Name: GUNTON, RENITA H
Address: 6622 HINOTE STREET
City-St-Zip: MILTON, FL 32570

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POTTS, EDDIE D
Address: 5613 MEADOWLARK LANE
City-St-Zip: MILTON, FL 32570

Title: VP (X) Change ( ) Addition
Name: GUNTON, JOHN C
Address: 6622 HINOTE ST
City-St-Zip: MILTON, FL 32570

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

Title: D ( ) Change (X) Addition
Name: WELTY, GLENN
Address: 7909 PARKWOOD DRIVE
City-St-Zip: MILTON, FL 32570

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RENITA H. GUNTON ST 04/29/2005

Electronic Signature of Signing Officer or Director — Date