2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000003538

1. Entity Name
EMBRACING ARMS INC.

Principal Place of Business	Mailing Address
2870 MERIDIAN RD. TALLAHASSEE, FL 32312	2870 MERIDIAN RD. TALLAHASSEE, FL 32312

05182006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2155722
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DENNARD, HARRY A SR
3758 CUNARD DR.
TALLAHASSEE, FL 32311

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DENNARD, HARRY A SR
STREET ADDRESS	3758 CUNARD DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	ST
NAME	BUTLER, CRAIG MD
STREET ADDRESS	608 PLANTATION RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VP
NAME	ENGLE, DAN PHD.
STREET ADDRESS	2735 RAINTREE CIR.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VP
NAME	MILLER, DAMON
STREET ADDRESS	2202 WOODBINE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	VP
NAME	COVAN, GAIL
STREET ADDRESS	4419 CHAIRES CROSSROADS
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/06-80007-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Harry A Dennard Sr. 5/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #