

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000003538

1. Entity Name
EMBRACING ARMS INC.



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

Mailing Address
2870 MERIDIAN RD.
TALLAHASSEE, FL 32312

FILED

07 MAY -1 PM 2:11

CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
54-2155722

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

600101630816
05/07/07--01004--022 **51:25-

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME DENNARD, HARRY A SR
STREET ADDRESS 3758 CUNARD DR.
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☒ Delete
NAME BUTLER, CRAIG MD
STREET ADDRESS 608 PLANTATION RD.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE Secretary/Treasurer ☐ Change ☒ Addition
NAME Bidwell, Patrice MD
STREET ADDRESS 912 Hillcrest Ct.
CITY-ST-ZIP Tallahassee, FL 32308

TITLE VP ☐ Delete
NAME ENGLE, DAN PHD.
STREET ADDRESS 2735 RAINTREE CIR.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MILLER, DAMON
STREET ADDRESS 2202 WOODBINE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME COVAN, GAIL
STREET ADDRESS 4419 CHAIRES CROSSROADS
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patrice Bidwell Patrice Bidwell Secretary 42807 850-351-9156