2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N04000003538

Entity Name: EMBRACING ARMS INC.

Current Principal Place of Business:

2870 MERIDIAN RD.
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

2870 MERIDIAN RD.
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 54-2155722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENNARD, HARRY A SR
3758 CUNARD DR.
TALLAHASSEE, FL 32311 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: DENNARD, HARRY A SR
Address: 3758 CUNARD DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: T ( ) Delete
Name: BIDWELL, PATRICE MD
Address: 912 HILLCREST CT.
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP ( ) Delete
Name: ENGLE, DAN PHD.
Address: 2735 RAINTREE CIR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP ( ) Delete
Name: MULLINAX, BOB
Address: 3246 DUNGARVAN DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP ( ) Delete
Name: SINGLETON, MORRIS
Address: 2241 FOSTER DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete
Name: JONES, LUCY
Address: 1134 DRAFFORTON DR.
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCMILLAN, JACQUELYN
Address: 720 OLD WOODVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: VP (X) Change ( ) Addition
Name: BELL, ARNOLD
Address: 7292 WINTER CREEK LN
City-St-Zip: TALLAHASSEE, FL 32309

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JACQUELYN MCMILLAN P 04/23/2009

Electronic Signature of Signing Officer or Director — Date