

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003538

FILED  
Apr 09, 2012  
Secretary of State

Entity Name: EMBRACING ARMS INC.

**Current Principal Place of Business:**

2870 MERIDIAN RD.  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

720 OLD WOODVILLE ROAD  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

720 OLD WOODVILLE ROAD  
TALLAHASSEE, FL 32327

FEI Number: 54-2155722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCMILLAN, JACQUELYN D  
720 OLD WOODVILLE ROAD  
CRAWFORDVILLE, FL 32327 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  
Name: MCMILLAN, JACQUELYN  
Address: 720 OLD WOODVILLE ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: VP  
Name: BELL, ARNOLD  
Address: 7292 WINTER CREEK LN  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP  
Name: BUTTS, MARK  
Address: 3569 TIMBERLANE SCHOOL ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

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

I hereby 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 all other like empowered.

SIGNATURE: JACQUELYN D. MCMILLAN

PRES

04/09/2012

Electronic Signature of Signing Officer or Director

Date