

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90330 042 \*\*\*\*61.25

<b>DOCUMENT # N04000007785</b>	
1. Entity Name <b>OPEN ARMS &amp; HEARTS MINISTRIES INC.</b>	



Principal Place of Business <b>3534 SMITHFIELD RD JACKSONVILLE FL 32217</b>	Mailing Address <b>3534 SMITHFIELD RD JACKSONVILLE FL 32217</b>
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**66017603**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business <b>OPEN ARMS &amp; HEARTS min</b>	3. Mailing Address <b>3534 Smithfield Rd</b>
Suite, Apt. #, etc. <b>3534 Smithfield Rd</b>	Suite, Apt. #, etc.

City & State <b>JAX, FLN</b>	City & State <b>JAX, FLN</b>
Zip <b>32217</b>	Zip <b>32217</b>
Country <b>DUNNL</b>	Country <b>DUNNL</b>

4. FEI Number <b>43-205-8737</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HATTEN, ANTHONY 3534 SMITHFIELD RD JACKSONVILLE FL 32217</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2005**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P HATTEN, ANTHONY 3534 SMITHFIELD RD JACKSONVILLE FL 32217</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S JONES, SABRINA 7336 GREYFOX LANE JACKSONVILLE FL 32244</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TV SIMPSON, QUENTINA 3534 SMITHFIELD RD JACKSONVILLE FL 32217</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Anthony Hatten  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-05**

Date Daytime Phone #