


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

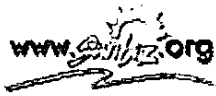
FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90059 048 ****61.25

DOCUMENT # N05000006029					
1. Entity Name OPEN ARMS CHILDREN'S HOME, INC.					
Principal Place of Business 3497 BARKWOOD DRIVE PACE, FL 32571			Mailing Address 3497 BARKWOOD DRIVE PACE, FL 32571		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GINDL, STEPHEN 3497 BARKWOOD DRIVE PACE, FL 32571				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	C	<input type="checkbox"/> Delete		TITLE	Russ McNair <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS, MIKE			NAME	Secretary
STREET ADDRESS	10878 SHADOW CREEK			STREET ADDRESS	2650 Pleasant Valley Drive
CITY-ST-ZIP	CANTONMENT, FL 32533			CITY-ST-ZIP	Cantonment FL 32533
TITLE	CC	<input type="checkbox"/> Delete		TITLE	Carmen Gindl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELTON, ELLEN			NAME	3497 Barkwood Drive
STREET ADDRESS	401 KILKENNY WAY			STREET ADDRESS	Pace FL 32671
CITY-ST-ZIP	CANTONMENT, FL 32533			CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, KIP			NAME	
STREET ADDRESS	631 PINEBROOK CIR			STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT, FL 32533			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, NAN			NAME	
STREET ADDRESS	6050 HWY 99			STREET ADDRESS	
CITY-ST-ZIP	MOLINO, FL 32577			CITY-ST-ZIP	
TITLE	BM	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUFF, JOEL			NAME	
STREET ADDRESS	3250 HWY 97 SOUTH			STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT, FL 32533			CITY-ST-ZIP	
TITLE	BM	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, KEVIN			NAME	
STREET ADDRESS	3532 STRATFORD LN			STREET ADDRESS	
CITY-ST-ZIP	PACE, FL 32571			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: <u>Stephen Gindl</u>				Date: <u>4-5-07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	

Stephen Gindl

ATTACHMENT
H0053327



Division of Corporations

N05000006029

Annual Report

Annual Report Help

Document Number

N05000006029

Business Entity Name

OPEN ARMS CHILDREN'S HOME, INC.

FEI Number	203800564			
FEI Number Status		Listed Above	Applied For	Not Applicable
Certificate of Status Desired		Yes	No	\$8.75 each
Election Campaign Financing Trust Fund Contribution		Yes	No	

Principal Place of Business

Address 3497 BARKWOOD DRIVE
 Suite, Apt. #, etc.
 City, State PACE, FL
 Zip Code & Country 32571

Mailing Address

Address P O Box 2129
 Suite, Apt. #, etc.
 City, State PACE, FL
 Zip Code & Country 32571

Name and Address of Registered Agent

Name (Last, First, Middle, Title) GINDL, STEPHEN,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 3497 BARKWOOD DRIVE
 Suite, Apt. #, etc.
 City, State PACE, FL
 Zip Code & Country 32571 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title C
 Name (Last, First, Middle, Title) DOUGLAS, MIKE, ,

- OR -

Entity Name to serve as Officer/Director

Street Address 10878 SHADOW CREEK
 City, State CANTONMENT, FL
 Zip Code & Country 32533

Title CC
 Name (Last, First, Middle, Title) MELTON, ELLEN, ,

- OR -

Entity Name to serve as Officer/Director

Street Address 401 KILKENNY WAY
 City, State CANTONMENT, FL
 Zip Code & Country 32533

Title S
 Name (Last, First, Middle, Title) McNair, Russ, ,

- OR -

Entity Name to serve as Officer/Director

Street Address 2650 Pleasant Valley Drive
 City, State CANTONMENT, FL
 Zip Code & Country 32533

Title T

ATTACHMENT
40053327 #N05000006029

Name (Last, First, Middle, Title) JACKSON , NAN , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 6050 HWY 99
City, State MOLINO , FL
Zip Code & Country 32577

Title BM
Name (Last, First, Middle, Title) Gindl , Carmen , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 3497 Barkwood Drive
City, State Pace , FL
Zip Code & Country 32571

Title BM
Name (Last, First, Middle, Title) Gindl , Stephen , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 3497 Barkwood Drive
City, State PACE , FL
Zip Code & Country 32571

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset