

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006029

FILED
Apr 27, 2009
Secretary of State

Entity Name: OPEN ARMS CHILDREN'S HOME, INC.

Current Principal Place of Business:

3497 BARKWOOD DRIVE
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

3497 BARKWOOD DRIVE
PACE, FL 32571

New Mailing Address:

P O BOX 733
CANTONMENT, FL 32533

FEI Number: 20-3800564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GINDL, STEPHEN
3497 BARKWOOD DRIVE
PACE, FL 32571 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: C () Delete
Name: DOUGLAS, MIKE
Address: 10878 SHADOW CREEK
City-St-Zip: CANTONMENT, FL 32533

Title: ED () Delete
Name: GINDLE, STEPHEN
Address: 3497 BARKWOOD DRIVE
City-St-Zip: PLACE, FL 32571

Title: S () Delete
Name: MCNAIR, RUSS
Address: 2650 PLEASANT VALLEY DR
City-St-Zip: CANTONMENT, FL 32533

Title: S () Delete
Name: JACKSON, NAN
Address: 6050 HWY 99
City-St-Zip: MOLINO, FL 32577

Title: S () Delete
Name: GINDL, CARMEN
Address: 3497 BARKWOOD DR
City-St-Zip: CANTONMENT, FL 32533

Title: S () Delete
Name: STOUT, JEAN
Address: 1224 WHIPPOORWILL DR.
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: DOUGLAS, MICHAEL L
Address: 10878 SHADOW CREEK
City-St-Zip: CANTONMENT, FL 32533

Title: D (X) Change () Addition
Name: GINDLE, STEPHEN
Address: 3497 BARKWOOD DRIVE
City-St-Zip: PACE, FL 32571

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

Title: T (X) Change () Addition
Name: BELL, ELIZABETH A
Address: 6210 HWY 97
City-St-Zip: WALNUT HILL, FL 32568

Title: D (X) Change () Addition
Name: GINDL, CARMEN
Address: 3497 BARKWOOD DR
City-St-Zip: PACE, FL 32571

Title: D (X) Change () Addition
Name: STOUT, JEAN
Address: 1224 WHIPPOORWILL DR.
City-St-Zip: CANTONMENT, FL 32533

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: ELIZABETH A BELL

T

04/27/2009

Electronic Signature of Signing Officer or Director

Date