

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006029

FILED
Feb 09, 2012
Secretary of State

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

Current Principal Place of Business:

4272 IDELL LANE
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

P O BOX 733
CANTONMENT, FL 32533

New Mailing Address:

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
4272 IDELL LANE
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: MR.
Name: DOUGLAS, MICHEAL L
Address: 10878 SHADOW CREEK
City-St-Zip: CANTONMENT, FL 32533

Title: MRS.
Name: CADDELL, PAMELA
Address: 2538 ANGEL COURT
City-St-Zip: GULF BREEZE, FL 32563

Title: MR.
Name: MCNAIR, RUSS
Address: 2650 PLEASANT VALLEY DR
City-St-Zip: CANTONMENT, FL 32533

Title: MRS.
Name: WARRINGTON, ELLEN M
Address: 4001 DEERWOOD CR.
City-St-Zip: PACE, FL 32571

Title: MRS.
Name: GINDL, CARMEN
Address: 4272 IDELL LANE
City-St-Zip: PACE, FL 32571

Title: MR.
Name: KELLER, DAVID
Address: 3402 APPLGATE STREET
City-St-Zip: PENSACOLA, FL 32514

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: ELLEN M WARRINGTON

TR

02/09/2012

Electronic Signature of Signing Officer or Director

Date