

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007162

FILED
Apr 30, 2006
Secretary of State

Entity Name: OPEN ARMS COMMUNITY CHURCH, INC.

Current Principal Place of Business:

2518-B STATE ROAD 21 S
MELROSE, FL 32666

New Principal Place of Business:

2638-SUITE 7 STATE ROAD 21 S
MELROSE, FL 32666

Current Mailing Address:

2518-B STATE ROAD 21 S
MELROSE, FL 32666

New Mailing Address:

2638-SUITE 7 STATE ROAD 21S
MELROSE, FL 32666

FEI Number: 20-3160309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAFTICE, MICHAEL
785 SE 27TH ST
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

RAFTICE, MICHAEL P PRES
785 SE 27TH ST
MELROSE, FL 32666 US

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: MICHAEL P. RAFTICE

04/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PATTERSON, DAVID
Address: 4053 SE 2ND AVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: PATTERSON, SANDRA
Address: 4053 SE 2ND AVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: WHITE, DIANA
Address: 6712 LITTLE RAIN LAKE RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: KYLE, MARY ANN
Address: RR 3 BOX 598/3140CR18
City-St-Zip: STARKE, FL 320919317

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL P RAFTICE

PRES

04/30/2006

Electronic Signature of Signing Officer or Director

Date