2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N06000006720

Entity Name: OPEN ARMS & OPEN HEARTS MINISTRY, INC.

Current Principal Place of Business:

1309 LOUISIANA AVE
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

1309 LOUISIANA AVE
SEBASTIAN, FL 32958

New Mailing Address:

FEI Number: 20-5091305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FALCO, CINDY
1309 LOUISIANA AVE
SEBASTIAN, FL 32958 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:	DPS	( ) Delete
Name:	FALCO, CINDY	
Address:	1309 LOUISIANA AVE	
City-St-Zip:	SEBASTIAN, FL 32958	
Title:	DVP	( ) Delete
Name:	FALCO, PHYLLIS	
Address:	1150 FAITH CIRCLE EAST #2104	
City-St-Zip:	BRADENTON, FL 34202	
Title:	D	( ) Delete
Name:	HESS, KATHLEEN ADVISOR	
Address:	12030 WARWICK CIRCLE	
City-St-Zip:	PARRISH, FL 34219	
Title:	D	( ) Delete
Name:	HESS, JAMES ADVISOR	
Address:	12030 WARWICK CIRCLE	
City-St-Zip:	PARRISH, FL 34219	
Title:	T	( ) Delete
Name:	LADA, VICTORIA	
Address:	962 RIVIERA AVE	
City-St-Zip:	SEBASTIAN, FL 32958	
Title:	D	( ) Delete
Name:	MAYER, NANCY ADVISOR	
Address:	11 THAYER POND	
City-St-Zip:	CONCORD, NH 03301	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CINDY FALCO REV. 02/11/2009

Electronic Signature of Signing Officer or Director — Date