

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011370

FILED
Mar 15, 2008
Secretary of State

Entity Name: LITTLE ARMS BIG HEART MINISTRIES, INC.

Current Principal Place of Business:

609 DUNDEE DR
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

609 DUNDEE DR
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 20-5827982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, WESLEY J
609 DUNDEE DR
PENSACOLA, FL 32507 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: DP () Delete
Name: WEAVER, MARIE N
Address: 609 DUNDEE DR
City-St-Zip: PENSACOLA, FL 32507

Title: DV () Delete
Name: SMITH, CAROL J
Address: 30122 CAULEY RD
City-St-Zip: OPP, AL 36467

Title: DS () Delete
Name: PAPE, ROSEMARY
Address: 2404 CAVALLA LOOP
City-St-Zip: PENSACOLA, FL 32526

Title: DT () Delete
Name: WEAVER, WESLEY J
Address: 609 DUNDEE DR
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: LADNER, JANIE L
Address: 7875 GALAXY CT
City-St-Zip: PENSACOLA, FL 32506

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:

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: WESLEY J WEAVER

DT

03/15/2008

Electronic Signature of Signing Officer or Director

Date