

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010889

FILED
Apr 14, 2009
Secretary of State

Entity Name: OPEN ARMS CARE SERVICES, INCORPORATED

Current Principal Place of Business:

1461 W. DANIA BCH BLVD.
DANIA BCH, FL 33004

New Principal Place of Business:

Current Mailing Address:

1461 W. DANIA BCH BLVD.
DANIA BCH, FL 33004

New Mailing Address:

FEI Number: 26-1988918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELDERS, JACQUELINE S
1461 W. DANIA BCH BLVD.
DANIA BCH, FL 33004 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: PCEO () Delete
Name: SELDERS, JACQUELINE S
Address: 1461 W. DANIA BCH BLVD.
City-St-Zip: DANIA BCH, FL 33004

Title: VD () Delete
Name: HANKERSON, MICHAEL W SR.
Address: 415 138TH ST.
City-St-Zip: N. MIAMI BCH, FL 33168

Title: CHAI () Delete
Name: MEADE, DESMOND
Address: 401 SOUTHEAST 6TH STREET
City-St-Zip: HIALEAH, FL US

Title: VC () Delete
Name: SMITH, CUSTELL
Address: 10381 NW 37TH AVENUE
City-St-Zip: MIAMI, FL 33147 US

Title: FS () Delete
Name: JACKSON, ALICIA ESQ
Address: 351 SOUTH WEST 30TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: SELDERS, JACQUELINE S
Address: 1461 W. DANIA BCH BLVD.
City-St-Zip: DANIA BCH, FL 33004

Title: VP (X) Change () Addition
Name: HANKERSON, MICHAEL W SR.
Address: 415 138TH ST.
City-St-Zip: N. MIAMI BCH, FL 33168

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: JACQUELINE SELDERS

CEO

04/14/2009

Electronic Signature of Signing Officer or Director

Date