

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009458

**FILED**  
**Jun 20, 2012**  
**Secretary of State**

**Entity Name:** OPEN ARMS INSTITUTE OF FORT PIERCE, INC.

**Current Principal Place of Business:**

2011 S 13TH ST  
FT PIERCE, FL 34950

**New Principal Place of Business:**

2015 S 13TH ST  
FT PIERCE, FL 34950

**Current Mailing Address:**

2011 S 13TH ST  
FT PIERCE, FL 34950

**New Mailing Address:**

2015 S 13TH ST  
FT PIERCE, FL 34950

**FEI Number:** 27-3764792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OWEN, BEBE  
2011 S 13TH ST  
FT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

OWEN, BEBE  
2015 S 13TH ST  
FT PIERCE, FL 34950 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: BEBE OWEN

06/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: OWEN, BEBE  
Address: 2015 S 13TH ST  
City-St-Zip: FT PIERCE, FL 34950

Title: DT  
Name: MOORE, BETTY  
Address: 2015 S 13TH ST  
City-St-Zip: FT PIERCE, FL 34950

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: BEBE OWEN

DP

06/20/2012

Electronic Signature of Signing Officer or Director

Date