2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N95000004743

Entity Name: ARMS OF MERCY DRUG FREE RECOVERING MINISTRY INC.

Current Principal Place of Business:

1453 WEST 22ND STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1453 WEST 22ND STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3338717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, QUOVADIS G
1453 W 22ND ST.
JACKSONVILLE, FL 32209 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: P ( ) Delete
Name: THOMAS, QUOVADIS G REV. DR
Address: 1801 KEY BISCAYNE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: HAMMETT, NOAH
Address: 1453 W. 22ND STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: WALKER, BESSIE
Address: 1453 W 22ND STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP ( ) Delete
Name: THOMAS, SHARON
Address: 1453 W 22ND STREET
City-St-Zip: JACKSONVILLE, FL 32209

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:

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: SHARON THOMAS VP 02/24/2009

Electronic Signature of Signing Officer or Director — Date