

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001130

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: OPEN ARMS CHRISTIAN FELLOWSHIP, INC.

**Current Principal Place of Business:**

2763 DUNN AVENUE  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

2763 DUNN AVENUE  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 59-3498529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMAS, LEOFRIC W  
2763 DUNN AVENUE  
JACKSONVILLE, FL 32218 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: CD ( ) Delete  
Name: THOMAS, LEOFRIC W SR.  
Address: 4884 YACHT BASIN DR.  
City-St-Zip: JACKSONVILLE, FL 32277

Title: PD ( ) Delete  
Name: THOMAS, SANDY L  
Address: 4884 YACHT BASIN DR.  
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD ( ) Delete  
Name: PERRY, JARVIS  
Address: 10567 OTTER CREEK DR.  
City-St-Zip: JACKSONVILLE, FL 32222

Title: T ( ) Delete  
Name: WALLACE, DANNY  
Address: 8022 DENHAM ROAD E.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: S ( ) Delete  
Name: MURRAY, KAREN  
Address: 5852 COPPER CREEK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

**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: LEOFRIC W. THOMAS, SR.

OFC

04/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date