

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90297 014 ****61.25

DOCUMENT # N98000004651

1. Corporation Name

HIS ARMS EXTENDED COMMUNITY OUTREACH CENTER, INC

Principal Place of Business
2660 N.W. 5TH STREET
POMPANO BEACH FL 33069

Mailing Address
2660 N.W. 5TH STREET
POMPANO BEACH FL 33069



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 10540 N.W. 43RD. ST.

27 P.O. Box 938531

31-1620181

Not Applicable

23 CORAL SPRINGS FL

28 MARGATE FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24 33065 25

29 33093 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, LONNIE
2660 N.W. 5TH STREET
POMPANO BEACH FL 33069

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME JOHNSON, LONNIE
STREET ADDRESS 2660 N.W. 5TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33069

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME TR
1.3 STREET ADDRESS MAMIE L. JOHNSON
1.4 CITY-ST-ZIP 651 NW 18TH COURT
POMPANO Bch. FL 33060

TITLE SD ☐ DELETE

NAME JACKSON, BRIDGET
STREET ADDRESS 2660 N.W. 5TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33069

2.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME CALCOTE, DEBRA
STREET ADDRESS 2660 N.W. 5TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33069

3.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME JOHNSON, SUSAN
STREET ADDRESS 2660 N.W. 5TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33069

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: LONNIE JOHNSON 5/4/99 (954)290-5968
Date: Daytime Phone #

CR2E037 (1/98)