2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2011
Secretary of State

DOCUMENT# N98000004651

Entity Name: HIS ARMS EXTENDED COMMUNITY OUTREACH CENTER, INC.

Current Principal Place of Business:

501 NW 27TH AVENUE
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

5045 WILES ROAD
BLDG. 10 UNIT 105
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 31-1620181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, LONNIE B JR.
5045 WILES ROAD
BLDG. 10 UNIT 105
COCONUT CREEK, FL 33073 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: PD
Name: JOHNSON, LONNIE B JR
Address: 5045 WILES ROAD BLDG. 10 UNIT 105
City-St-Zip: COCONUT CREEK, FL 33073

Title: VD
Name: JOHNSON, SUSIE A
Address: 5045 WILES ROAD BLDG. 10 UNIT 105
City-St-Zip: COCONUT CREEK, FL 33073

Title: SD
Name: PORTER, KESHA L
Address: 3901 SLEEPYORANGE LANE
City-St-Zip: COCONUT CREEK, FL 33073

Title: TD
Name: JOHNSON, TAWANA R
Address: 651 NW 18TH COURT
City-St-Zip: POMPANO BEACH, FL 33060

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: LONNIE B. JOHNSON JR. P/D 04/15/2011

Electronic Signature of Signing Officer or Director — Date