


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000001498</b>	
1. Entity Name <b>OPEN ARMS MINISTRIES OF JACKSONVILLE, INC.</b>	

Principal Place of Business <b>1015 BRANDYWINE ST. JACKSONVILLE, FL 32208</b>	Mailing Address <b>1015 BRANDYWINE ST. JACKSONVILLE, FL 32208</b>
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**DO NOT WRITE IN THIS SPACE**



08242005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3574518</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>TOOMER, MOSES 1015 BRANDYWINE ST. JACKSONVILLE, FL 32208</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOOMER, MOSES 1015 BRANDYWINE ST. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOODMAN, GUILLEY 10459 RUTGERS RD. JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOODMAN, NAOMI DAVIS 10459 RUTGERS RD. JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOOMER, GERALDINE W 1015 BRANDYWINE ST. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000377100  
08/25/05-80005-013 61.25

**DO NOT WRITE  
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <u>Moses Toomer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Aug 24 - 2005</u> <small>Date Daytime Phone #</small>
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