2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900001498

1. Entity Name

OPEN ARMS MINISTRIES OF JACKSONVILLE, INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 91053 045 ****61.25

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1015 BRANDYWINE ST. 1		Mailing Address 1015 BRANDYWINE ST. JACKSONVILLE FL 32208	•				
2. Principal	Place of Business	3. Mailing Address					
,		9		F 16811101 UTO 10111	. DDIIS OOLST BASIS AANSI BASIS ABIAL TIRES B	010 1640) 1014 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59	3574518	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of State	us Desired	Additional	
	6. Name and Address of Curre	ent Registered Agent			ss of New Registered Agent		
TOOME	NOCEC		Name				
1015 BR	R, MOSES IANDYWINE ST.		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
JACKSO	NVILLE FL 32208		İ				
l			City		rL "	Code	
8. The above	e named entity submits this statemen tions of registered agent.	t for the purpose of changing It	s registered office or regis	tered agent, or both, in the	State of Florida. I am familiar v	vith, and accept	
and donga	mana ar ragional again.	et see				}	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.3	TE: Registered Agent signature requi	red when reinstaling)	DATE		
				oo anomonatang)	DAIL		
FILE NOW: FEE IS \$61.25			9. Election Campalgn Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTOR	S IN 10	
TITLE NAME	PD TOOMER, MOSES	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	an D Addition	
		☐ Delete	NAME		☐ Char	ge	
STREET ADDRESS CITY-ST-ZIP	1015 BRANDYWINE ST. JACKSONVILLE FL 32208	L Detects			☐ Char	ge Addition	
CITY-ST-ZIP	1015 BRANDYWINE ST. JACKSONVILLE FL 32208 VD	Delete	NAME STREET ADDRESS		☐ Char		
CITY-ST-ZIP TITLE NAME	1015 BRANDYWINE ST. JACKSONVILLE FL 32208 VD GOODMAN, GUILEY		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				
CITY-ST-ZIP	1015 BRANDYWINE ST. JACKSONVILLE FL 32208 VD		NAME STREET ADDRESS CITY-ST-ZIP TITLE				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1015 BRANDYWINE ST. JACKSONVILLE FL 32208 VD GOODMAN, GUILEY 10459 RUTGERS RD. JACKSONVILLE FL 32218 SD		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			ge	
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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.

SIGNATURE:

227MATURY 25QUEDD

March 15-03