

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008844

**Entity Name:** OPM EDUCATION, INC.**Current Principal Place of Business:**53 W. JACKSON BLVD.  
SUITE 1734  
CHICAGO, IL 60604**Current Mailing Address:**53 W. JACKSON BLVD.  
SUITE 1734  
CHICAGO, IL 60604 US**FEI Number:** 27-2884718**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE  
SUITE A  
TALLAHASSEE, FL 32308 US*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

**Officer/Director Detail :**

Title FOUNDER / SENIOR ADVISOR  
Name MASON, BONNIE S DR.  
Address 53 W. JACKSON BLVD.  
SUITE 1734  
City-State-Zip: CHICAGO IL 60604

Title EXECUTIVE DIRECTOR  
Name BRADFORD, LETITIA DR.  
Address 53 W. JACKSON BLVD.  
SUITE 1734  
City-State-Zip: CHICAGO IL 60604

Title PRESIDENT / DIRECTOR  
Name FRANKS, KEVIN J.  
Address 53 W. JACKSON BLVD.  
SUITE 1734  
City-State-Zip: CHICAGO IL 60604

Title VICE PRESIDENT / DIRECTOR  
Name BALKISOON, RISHI DR.  
Address 53 W. JACKSON BLVD.  
SUITE 1734  
City-State-Zip: CHICAGO IL 60604

Title SECRETARY / DIRECTOR  
Name ADAMS, KATRINA  
Address 53 W. JACKSON BLVD.  
SUITE 1734  
City-State-Zip: CHICAGO IL 60604

Title TREASURER / DIRECTOR  
Name WHITE, NANCY HALL  
Address 53 W. JACKSON BLVD.  
SUITE 1734  
City-State-Zip: CHICAGO IL 60604

Title DIRECTOR  
Name POWELL, STEPHEN  
Address 53 W. JACKSON BLVD.  
SUITE 1734  
City-State-Zip: CHICAGO IL 60604

Title DIRECTOR  
Name YOUNG, MARJORIE  
Address 53 W. JACKSON BLVD.  
SUITE 1734  
City-State-Zip: CHICAGO IL 60604

**Continues on page 2**

*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:** DR. LETITIA BRADFORD

EXECUTIVE DIRECTOR

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | DIRECTOR                          |
| Name            | KEMP, ALYSIA                      |
| Address         | 53 W. JACKSON BLVD.<br>SUITE 1734 |
| City-State-Zip: | CHICAGO IL 60604                  |