

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000912

**Entity Name:** OPEN ARMS AFTERSCHOOL LEARNING CENTER INC.

**Current Principal Place of Business:**

745 WEST PLAM DRIVE STE D  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

18731 SW 318 TERRACE  
HOMESTEAD, FL 33030 US

**FEI Number:** 27-4834968

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 DP  
Name THOMPSON, SHARON  
Address 745 WEST PLAM DRIVE  
City-State-Zip: FLORIDA CITY FL 33034

Title DV  
Name THOMPSON, KENNETH  
Address 745 WEST PLAM DRIVE  
City-State-Zip: FLORIDA CITY FL 33034

Title DS  
Name HOWARD, SHEILA  
Address 745 WEST PLAM DRIVE  
City-State-Zip: FLORIDA CITY FL 33034

Title T  
Name HOWARD, VICTOR  
Address 745 WEST PLAM DRIVE  
City-State-Zip: FLORIDA CITY FL 33034

*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:** SHARON THOMPSON

DP

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date