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 m 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 na above, or on an attachment with all other like empowered.			
SIGNATURE: SHARON THOMPSON	PRESIDENT	01/25/2020	

#### SIGNATURE: SHARON THOMPSON

Electronic Signature of Signing Officer/Director Detail

2020 FLORIDA NOT FOR PROFI	T CORPORATION ANNUAL REPORT
DOCUMENT# N17000008856	

Entity Name: OPEN ARMS AFTERSCHOOLS LEARNING CENTER INC.

# **Current Principal Place of Business:**

18731 SW 318TH TERRACE HOMESTEAD, FL 33030

### **Current Mailing Address:**

18731 SW 318TH TERRACE HOMESTEAD, FL 33030 US

#### FEI Number: 82-2904633

# Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 5575 S. SEMORAN BLVD. SUITE 36 ORLANDO,, FL 32822 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

# **Officer/Director Detail :**

Officer/Director Detail :				
Title	PD	Title	S	
Name	THOMPSON, SHARON	Name	HOWARD, SHEILA	
Address	18731 SW 318TH TERRACE	Address	809 TURNER CIRCLE	
City-State-Zip:	HOMESTEAD FL 33030	City-State-Zip:	HOMESTEAD FL 33030	
Title	D	Title	Т	
Name	HOWARD, VICTOR	Name	RENDER, MARKEVIA	
Address	18731 SW 318TH TERRACE	Address	18731 SW 318TH TERRACE	
City-State-Zip:	HOMESTEAD FL 33030	City-State-Zip:	HOMESTEAD FL 33030	
Title	D			
Name	THOMPSON, JUELENE			
Address	18731 SW 318TH TERRACE			
City-State-Zip:	HOMESTEAD FL 33030			

Date

FILED Jan 25, 2020 Secretary of State 6890410628CC

Certificate of Status Desired: No

Date