

**2021 FLORIDA NOT FOR PROFIT 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**

**Certificate of Status Desired: Yes**

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

OPEN ARMS AFTERSCHOOL LEARNING CENTER INC.  
18731 SW 318TH TERRACE  
HOMESTEAD, FL 33030 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: SHARON THOMPSON**

**01/21/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name THOMPSON, SHARON  
Address 18731 SW 318TH TERRACE  
City-State-Zip: HOMESTEAD FL 33030

Title S  
Name HOWARD, SHEILA  
Address 809 TURNER CIRCLE  
City-State-Zip: HOMESTEAD FL 33030

Title D  
Name HOWARD, VICTOR  
Address 809 TURNER CIRCLE  
City-State-Zip: HOMESTEAD FL 33030

Title T  
Name RENDER, MARKEVIA  
Address 18731 SW 318TH TERRACE  
City-State-Zip: HOMESTEAD FL 33030

Title D  
Name THOMPSON, JUELENE  
Address 809 TURNER CIRCLE  
City-State-Zip: HOMESTEAD FL 33030

*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**

**PRESIDENT**

**01/21/2021**

Electronic Signature of Signing Officer/Director Detail

Date