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2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Mailing Address:**

5282 ASHLEY RIVER RD

DOCUMENT# N22000002500

5282 ASHLEY RIVER RD WEST PALM BEACH, FL 33417

## FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

Entity Name: CARING WITH OPEN ARMS INC.

**Current Principal Place of Business:** 

REPUBLIC REGISTERED AGENT LLC 1150 NW 72ND AVE TOWER I STE 455 MIAMI, FL 33126 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	: WESLEY DOLAN			04/26/2024
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	D	Title	D	
Name	SIMPSON, ANDREA	Name	JACKSON, BERTHA	
Address	5282 ASHLEY RIVER RD	Address	5282 ASHLEY RIVER RD	
City-State-Zip:	WEST PALM BEACH FL 33417	City-State-Zip:	WEST PALM BEACH FL 33417	7
Title	D	Title	D	
Name	LOVETT, DESMOND	Name	KEATON-LOVETT, CONSTANC	E
Address	5282 ASHLEY RIVER RD	Address	5282 ASHLEY RIVER RD	
City-State-Zip:	WEST PALM BEACH FL 33417	City-State-Zip:	WEST PALM BEACH FL 33417	7

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: CONSTANCE KEATON-KEATON-LOVETT

DIRECTOR

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No