

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000004373

**FILED**  
**Feb 06, 2019**  
**Secretary of State**  
**1006239746CC**

**Entity Name:** OPEN ARMS FOUNDATION, INC.

**Current Principal Place of Business:**

6815 POPLAR AVE, SUITE 500  
GERMANTOWN, TN 38138

**Current Mailing Address:**

6815 POPLAR AVE, SUITE 500  
GERMANTOWN, TN 38138 US

**FEI Number:** 62-1612269

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CP  
Name FAIRBANKS, AMBER  
Address 6815 POPLAR AVE, SUITE 500  
City-State-Zip: GERMANTOWN TN 38138

Title VCP  
Name BUSKE, ASHLEY  
Address 6815 POPLAR AVE, SUITE 500  
City-State-Zip: GERMANTOWN TN 38138

Title D  
Name MEINICK, JACKIE  
Address 6815 POPLAR AVE, SUITE 500  
City-State-Zip: GERMANTOWN TN 38138

Title D  
Name CARPENTER, MELANIE  
Address 6815 POPLAR AVE, SUITE 500  
City-State-Zip: GERMANTOWN TN 38138

Title SECRETARY  
Name MCGOWAN, TREY  
Address 6815 POPLAR AVE, SUITE 500  
City-State-Zip: GERMANTOWN TN 38138

Title T  
Name ROETKER, CHRIS  
Address 6815 POPLAR AVE, SUITE 500  
City-State-Zip: GERMANTOWN TN 38138

Title DIRECTOR  
Name BANKS, KIM  
Address 6815 POPLAR AVE, SUITE 500  
City-State-Zip: GERMANTOWN TN 38138

Title DIRECTOR  
Name DONNELLY, BOB  
Address 6815 POPLAR AVE, SUITE 500  
City-State-Zip: GERMANTOWN TN 38138

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*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: TREY MCGOWAN**

**SECRETARY**

**02/06/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ELLIS, JANA  
Address 6815 POPLAR AVE, SUITE 500  
City-State-Zip: GERMANTOWN TN 38138

Title DIRECTOR  
Name LAMBERT, KYLEE  
Address 6815 POPLAR AVE, SUITE 500  
City-State-Zip: GERMANTOWN TN 38138

Title DIRECTOR  
Name WILSON, JENNIFER  
Address 6815 POPLAR AVE, SUITE 500  
City-State-Zip: GERMANTOWN TN 38138

Title DIRECTOR  
Name JACKS, MELANIE  
Address 6815 POPLAR AVE, SUITE 500  
City-State-Zip: GERMANTOWN TN 38138

Title DIRECTOR  
Name RUSSELL, GLENN  
Address 6815 POPLAR AVE, SUITE 500  
City-State-Zip: GERMANTOWN TN 38138