

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000004373

**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            PRESIDENT, DIRECTOR  
Name            FAIRBANKS, AMBER  
Address        6815 POPLAR AVE, SUITE 500  
City-State-Zip: GERMANTOWN TN 38138

Title            VP, DIRECTOR  
Name            BUSKE, ASHLEY  
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, DIRECTOR  
Name            KEOUGH, LIZ  
Address        6815 POPLAR AVE, SUITE 500  
City-State-Zip: GERMANTOWN TN 38138

Title            TREASURER, DIRECTOR  
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

Title            DIRECTOR  
Name            ELLIS, JANA  
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:** LIZ KEOUGH

**SECRETARY**

**04/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

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