

2022 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

04/11/2022

_____ 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