

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000009598

FILED
May 07, 2009
Secretary of State

Entity Name: OPEN ARMS SOCIAL AND INTERGENERATIONAL SERVICES, INC.

Current Principal Place of Business:

585 SPRING LEAP CIR.
SUITE B
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 784652
WINTER GARDEN, FL 34778 US

New Mailing Address:

P.O. BOX 911
GOTHA, FL 34734 US

FEI Number: 26-1154553 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AXSON, YOLANDA V
585 SPRING LEAP CIR
WINTER GARDEN, FL 34787 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: YOLANDA AXSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AXSON, YOLANDA V
Address: 585 SPRING LEAP CIR.
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: VPD () Delete
Name: AXSON, LESTER S SR
Address: 585 SPRING LEAP CIR.
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: SD () Delete
Name: WIGGINS, BEULAH H
Address: 3492 BASIE PLACE
City-St-Zip: ORLANDO, FL 32805

Title: TRD () Delete
Name: YOUNG, ALFRED G
Address: 1565 SHERBOURNE ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: TRD () Delete
Name: WHITEHURST-WADE, JULIA
Address: 4739 SPANIEL ST
City-St-Zip: ORLANDO, FL 32818 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRD (X) Change () Addition
Name: WHITE, LINDA J
Address: 6426 LEMONWOOD CT.
City-St-Zip: ORLANDO, FL 32818 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: YOLANDA AXSON

PD

05/07/2009

Electronic Signature of Signing Officer or Director

Date