

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009598

FILED
Mar 01, 2010
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:

13374 SUNSET LAKES CIRCLE
SUITE A
WINTER GARDEN, FL 34787 US

Current Mailing Address:

P.O. BOX 911
GOTHA, FL 34734 US

New Mailing Address:

FEI Number: 26-1154553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

AXSON, YOLANDA V
13374 SUNSET LAKES CIRCLE
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: _____

Electronic Signature of Registered Agent

03/01/2010

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: AXSON, YOLANDA V
Address: 13374 SUNSET LAKES CIR
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: VPD
Name: AXSON, LESTER S SR
Address: 13374 SUNSET LAKES CIR
City-St-Zip: WINTER GARDEN, FL 34787 US

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

Title: TRD
Name: WHITE, LINDA J
Address: 6426 LEMONWOOD CT
City-St-Zip: ORLANDO, FL 32818 US

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: YOLANDA AXSON

PD

03/01/2010

Electronic Signature of Signing Officer or Director

Date