

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009598

FILED  
Mar 09, 2012  
Secretary of State

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

**Current Principal Place of Business:**

13327 ZORI LANE  
SUITE A  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

**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  
13327 ZORI LANE  
WINDERMERE, FL 34786 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: AXSON, YOLANDA V  
Address: 13327 ZORI LANE  
City-St-Zip: WINDERMERE, FL 34786 US

Title: VPD  
Name: AXSON, LESTER S SR  
Address: 13327 ZORI LANE  
City-St-Zip: WINDERMERE, FL 34786 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

03/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date