

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000006096

**Entity Name:** FLAGLER OPEN ARMS RECOVERY SERVICES, INC.

**FILED**  
**Mar 25, 2022**  
**Secretary of State**  
**8407339089CC**

**Current Principal Place of Business:**

4750 E MOODY BLVD  
UNIT 220  
BUNNELL, FL 32110

**Current Mailing Address:**

4750 E MOODY BLVD  
UNIT 220  
BUNNELL, FL 32110 US

**FEI Number: 85-1112598**

**Certificate of Status Desired: No**

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

BIRTOLO, PAMELA  
4750 E MOODY BLVD  
UNIT 220  
BUNNELL, FL 32110 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: PAMELA BIRTOLO**

**03/25/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DALRYMPLE, HEATHER  
Address        4750 E MOODY BLVD  
                  UNIT 220  
City-State-Zip: BUNNELL FL 32110

Title            VP  
Name            LAMBORN, KEN  
Address        4750 E MOODY BLVD  
                  UNIT 220  
City-State-Zip: BUNNELL FL 32110

Title            S  
Name            AURIEMMA, JASON  
Address        13 LONDONDERRY DRIVE  
City-State-Zip: PALM COAST FL 32137

Title            T  
Name            TAYLOR, JAMES M  
Address        4750 E MOODY BLVD  
                  UNIT 220  
City-State-Zip: BUNNELL FL 32110

Title            D  
Name            ZINNO, ANGIE  
Address        97 PICKERING DR  
City-State-Zip: PALM COAST FL 32164

Title            DIRECTOR  
Name            LOWE, ALAN  
Address        47 COLLINGWOOD LANE  
City-State-Zip: PALM COAST FL 32137

*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: JAMES R TAYLOR**

**TREASURER**

**03/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date