

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004111

FILED
May 31, 2006
Secretary of State

Entity Name: OPPORTUNITY HOUSE, INC.

Current Principal Place of Business:

C/O MICHAEL MITCHELL
5642 AUTUMN CHASE CIRCLE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL MITCHELL
5642 AUTUMN CHASE CIRCLE
SANFORD, FL 32773

New Mailing Address:

FEI Number: 20-1058741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

TUCKER, I. MICHAEL
SUNTRUST BANK BUILDING
498 PALM SPRINGS DR., SUITE 100
ALTAMONTE SPRINGS, FL 32701 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: D () Delete
Name: MITCHELL, MICHAEL
Address: 5642 AUTUMN CHASE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: ROBBINS, WESLEY
Address: 812 CHEROKEE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: BUDRAN, LORI
Address: 3313 HAMMERSMITH ROAD
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: DAVIS, PATRICIA
Address: 2310 ROCKWOOD DRIVE
City-St-Zip: APOPKA, FL 32712

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MITCHELL, CLEVELAND M
Address: 5642 AUTUMN CHASE CIRCLE
City-St-Zip: SANFORD, FL 32773

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: D () Change (X) Addition
Name: WATSON, RASHAD
Address: 4937 CASON
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the 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: CLEVELAND M. MITCHELL

D

05/31/2006

Electronic Signature of Signing Officer or Director

Date