

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -7 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006007
1. Corporation Name
The O.P.E.N. Center, Inc.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 10/24/97
4. FEI Number 59-3463538 Applied For Not Applicable

2. Principal Place of Business 21 750 S. O.B.T.
2a. Mailing Address 26 230 N. Lakeland Ave.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. Suite 244
23 City & State Orlando, FL 28 Orlando, FL
24 Zip 32805 25 Country Orange 29 Zip 32805 30 Country Orange

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Earl Gregory Johnson
519 Clark Street
Eatonville, FL 32751

10. Name and Address of New Registered Agent
81 Name Lawanna Renee Gelzer
82 Street Address (P.O. Box Number is Not Acceptable) 230 N. Lakeland Ave.
83 100002708101--6
84 City Orlando -12/05/98-0113zip 0000

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Lawanna Gelzer *Lawanna Gelzer* 7/3/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	President & DIRECTOR <input type="checkbox"/> DELETE
NAME	Earl G. Johnson
STREET ADDRESS	519 Clark Street
CITY- ST- ZIP	Eatonville, FL 32751
TITLE	VICE PRESIDENT & DIRECTOR <input type="checkbox"/> DELETE
NAME	REV. KEVIN SERAAS
STREET ADDRESS	218 S. LIME AVE
CITY- ST- ZIP	ORLANDO FL 32805
TITLE	TREASURER & DIRECTOR <input type="checkbox"/> DELETE
NAME	BETTY J. GELZER
STREET ADDRESS	425 W. WASHINGTON ST
CITY- ST- ZIP	ORLANDO FL 32805
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rev. Kevin Seraas
1.3 STREET ADDRESS	218 S. Lime Ave.
1.4 CITY- ST- ZIP	Orlando, FL 32805
2.1 TITLE	Vice-President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Earl G. Johnson
2.3 STREET ADDRESS	750 S. OBT Suite 244
2.4 CITY- ST- ZIP	Orlando, FL 32805
3.1 TITLE	Treasurer/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dana Jackson
3.3 STREET ADDRESS	218 S. Lime Ave.
3.4 CITY- ST- ZIP	Orlando, FL 32805
4.1 TITLE	Board Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Betty J. Gelzer
4.3 STREET ADDRESS	425 W. Washington St.
4.4 CITY- ST- ZIP	Orlando, FL 32805
5.1 TITLE	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jolleen Phiphot Cooper
5.3 STREET ADDRESS	4192 John Young PKWY
5.4 CITY- ST- ZIP	Orlando, FL
6.1 TITLE	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dana Williams
6.3 STREET ADDRESS	3024 N. Powers Drive Apt. 21
6.4 CITY- ST- ZIP	Orlando, FL 32818

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Lawanna Gelzer* 7/3/98 Lawanna Gelzer, Executive Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (407) 611-7777

CR2E037 (10/97)