

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90015 001 ****70.00

DOCUMENT # N97000006007

1. Corporation Name

THE O.P.E.N. CENTER, INC.

Principal Place of Business

750 S. O.B.T.
STE. 244
ORLANDO FL 32805

Mailing Address

230 N. LAKELAND AVE.
ORLANDO FL 32805



2. Principal Place of Business

21 1310 W. Colonial Drive

2a. Mailing Address

26 230 N. Lakeland Ave.

Suite, Apt. #, etc.

22 Suite 29

Suite, Apt. #, etc.

27

City & State

23 Orlando, FL

City & State

28 Orlando, FL

Zip

24 32804

Country

25 Orange

Zip

29 32805

Country

30 Orange

3. Date Incorporated or Qualified

10/24/1997

4. FEI Number

59-3463538

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GELZER, LAWANNA R
230 N. LAKELAND AVE.
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SERAAJ, KEVIN REV
STREET ADDRESS 218 S. LIME AVE.
CITY-ST-ZIP ORLANDO FL 32805

☐ DELETE

TITLE VPD
NAME JOHNSON, EARL G
STREET ADDRESS 750 S. O.B.T.
CITY-ST-ZIP ORLANDO FL 32805

☒ DELETE

TITLE BM
NAME GELZER, BETTY
STREET ADDRESS 425 W. WASHINGTON ST.
CITY-ST-ZIP ORLANDO FL 32805

☐ DELETE

TITLE TD
NAME JACKSON, DANA
STREET ADDRESS 218 S. LIME AVE.
CITY-ST-ZIP ORLANDO FL 32805

☐ DELETE

TITLE BM
NAME COOPER, JOLLEEN P
STREET ADDRESS 4192 JOHN YOUNG PKWY
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE BM
NAME WILLIAMS, DANA
STREET ADDRESS 3024 N. POWERS DRIVE APT. 21
CITY-ST-ZIP ORLANDO FL 32818

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition

1.2 NAME Seraaj, Kevin Rev.

1.3 STREET ADDRESS 218 S. Lime Ave.

1.4 CITY-ST-ZIP Orlando, FL 32805

2.1 TITLE VPD ☒ Change ☐ Addition

2.2 NAME Gelzer, Betty

2.3 STREET ADDRESS 425 W. Washington St.

2.4 CITY-ST-ZIP Orlando, FL 32805

3.1 TITLE BM ☒ Change ☐ Addition

3.2 NAME Ada Crosby

3.3 STREET ADDRESS 815 Hills Street

3.4 CITY-ST-ZIP Orlando, FL 32805

4.1 TITLE TD ☐ Change ☐ Addition

4.2 NAME Jackson, Dana

4.3 STREET ADDRESS 218 S. Lime Ave.

4.4 CITY-ST-ZIP Orlando, FL 32805

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Signed: Kevin Serraj 5/28/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Kevin Serraj Daytime Phone #

CR2E037 (1/198)