

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006007

**FILED**  
**Apr 28, 2004**  
**Secretary of State****Entity Name:** THE O.P.E.N. CENTER, INC.**Current Principal Place of Business:**1310 W COLONIAL DRIVE  
STE 29  
ORLANDO, FL 32804**New Principal Place of Business:****Current Mailing Address:**7674 ST STEPHENS CT  
ORLANDO, FL 32835**New Mailing Address:****FEI Number:** 59-3463538**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GELZER, LAWANNA R  
7674 ST STEPHENS CT  
ORLANDO, FL 32835 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 ( ) Delete  
Name: SERAAJ, KEVIN REV  
Address: 218 S. LIME AVE.  
City-St-Zip: ORLANDO, FL 32805

Title: VD ( ) Delete  
Name: MOORE, ERIC M.D.  
Address: 218 S. LIME AVENUE  
City-St-Zip: ORLANDO, FL 32805

Title: SD ( ) Delete  
Name: JACKSON-CARROLL, DANNA  
Address: 1310 W. COLONIAL DR., STE. 29  
City-St-Zip: ORLANDO, FL 32804

Title: TD (X) Delete  
Name: TAYLOR, KELLI CPA  
Address: 1310 W. COLONIAL DR., STE. 29  
City-St-Zip: ORLANDO, FL 32804

Title: PCEO ( ) Delete  
Name: GELZER, LAWANNA  
Address: 7674 ST STEPHENS CT  
City-St-Zip: ORLANDO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: B (X) Change ( ) Addition  
Name: SERAAJ, KEVIN REV  
Address: 218 S. LIME AVE.  
City-St-Zip: ORLANDO, FL 32805

Title: VD (X) Change ( ) Addition  
Name: GELZER, BETTY  
Address: 825 W. WASHINGTON STREET  
City-St-Zip: ORLANDO, FL 32805

Title: TD (X) Change ( ) Addition  
Name: DORORTHY, CLARK  
Address: 1310 W. COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAWANNA GELZER

PCEO

04/28/2004

Electronic Signature of Signing Officer or Director

Date