

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90118 020 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # P98000003251

1. Corporation Name
THE OPEN CHRISTIAN UNIVERSITY, INC.

Principal Place of Business
 6668 RIVER RD
 NEW PORT RICHEY FL 34652

Mailing Address
 6668 RIVER RD
 NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/09/1998

4. FEI Number
52-2072582 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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **2607 Success Drive**
 Suite, Apt. #, etc.
 22

2a. Mailing Address
 26 **2607 Success Drive**
 Suite, Apt. #, etc.
 27

City & State
 23 **Odessa, FL**
 28 **Odessa, FL**

Zip Country
 24 **33556** 25 **USA**
 29 **33556** 30 **USA**

9. Name and Address of Current Registered Agent
FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DR, STE 37
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent
 81 Name **James L. West**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **2607 Success Drive**
 84 City **Odessa** FL 85 Zip Code **33556**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE James L. West **JAMES L. WEST** 4-14-99
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	P	<input type="checkbox"/> DELETE
NAME	WEST, JAMES L	
STREET ADDRESS	6668 RIVER RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	West, James L.	<input type="checkbox"/> DELETE
NAME	6668 River Rd	
STREET ADDRESS	New Port Richey, FL 34652	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: James L. West **SIGNATURE REQUIRED** 4/14/99 (727) 375-8200
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1.1/98)