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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9800003251

1. Corporation Name

THE OPEN CHRISTIAN UNIVERSITY, INC.

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90118 020 \*\*\*150.00

THE OF EN OFFICE PARTY SAFETISTS					
Principal Place of Business	Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6668 RIVER RD 6668 RIVER RD					
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 3465			DO NOT WRIT	E IN THIS SPACE	
			3. Date Incorporated or Qualifed	E IIV TITIO OF AGE	
			01/09/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		Applied For
21 2607 Success Drive	26 2607 Succes	13 Drive	52-2072582	H	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	., 0,,,		<u>        \$8.7</u>	5 Additional
22	27	/	5. Certificate of Status Desired	Fee	Required
City & State	City & State		6. Election Campaign Financing	□ \$5.0	00 May Be
23 Odessa, FL	28 Odessa, F	<u> </u>	Trust Fund Contribution	Add	ed to Fees
Zip Country	Zip	Country	8. This corporation owes the curre		
24 33556 25 USA	29 <b>33556</b> 3	عن م عن م	Personal Property Tax.	☐Yes	<b>№</b> No
9. Name and Address of Curre	nt Registered Agent	94 None	10. Name and Address of New R	egistered Agent	
FINANCIAL FOUNDATIONS, INC.		81 Name	Ames L. West		
2843 THAXTON DR, STE 37		82 Street Addre	ess (P.O. Box Number is Not Accepta	ble)	
PALM HARBOR FL 34684					
PADM MANDON 1 C STOOT	,	83 260	7 Success Drive		\
		84 City		85 2	ip Code
			e55A-		33556
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	, the above-named corporation	oration submits this statement for the	purpose of changing t the appointment a	registered
I office or registered agent of both in the State	e of Florida. Such change was auth		n's board of directors. I hereby accep	t tilo oppoliting to	
<ol> <li>Pursuant to the provisions of Sections 607.05         office or registered agent, or both, in the State         agent. I am familiar with, and accept the oblig</li> </ol>	of Florida, Such change was auth ations of, Section 607.0505, Florid	a Statutes.	n's board of directors. I hereby accep	4	
SIGNATURE James & C	e of Florida. Such change was authations of, Section 607.0505, Florid	WEST	4	-14-99	
SIGNATURE Signature, types or printed name of registered ag	e of Florida. Such change was authations of, Section 607.0505, Florid  Tames  (NOTE: Re	egistered Agent signature required	(when reinstating)	-/4-99 DATE	
SIGNATURE  Signature, type or printed name of registered age  12. OFFICERS A	ent and title if applicable.  ND DIRECTORS	egistered Agent signature required	4	-/4-99 DATE	CTORS IN 12
SIGNATURE Signature, types or printed name of registered age  12. OFFICERS A  TITLE P	e of Florida. Such change was authations of, Section 607.0505, Florid  Tames  (NOTE: Re	egistered Agent signature required  13.  1.1 TITLE	(when reinstating)	DATE ICERS AND DIREC	CTORS IN 12
SIGNATURE Signature, types or printed name of registered age  12. OFFICERS A  TITLE P  NAME WEST, JAMES L	ent and title if applicable.  ND DIRECTORS	egistered Agent signature required  13.  1.1 TITLE  1.2 NAME	(when reinstating)	DATE ICERS AND DIREC	CTORS IN 12
SIGNATURE  Signature, type or printed name of registered age  12. OFFICERS A  TITLE P  NAME WEST, JAMES L  STREET ADDRESS 6668 RIVER RD  NEW POPT BICHEY EL 24666	e of Florida. Such change was authations of, Section 607.0505, Florid Charles of the replicable. (NOTE: RIND DIRECTORS)	egistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	(when reinstating)	DATE ICERS AND DIREC	CTORS IN 12
SIGNATURE  Signature, type or printed name of registered age  12. OFFICERS A  TITLE P  NAME  STREET ADDRESS  CITY-ST-ZIP  SIGNATURE  P  WEST, JAMES L  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  P  WEST, JAMES L  SIGNATURE  SIGNATU	e of Florida, Such change was authations of, Section 607.0505, Florida Control of the Property	ngistered Agent signature required 13. 1.5 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	(when reinstating)	DATE ICERS AND DIREC	CTORS IN 12
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SIGNATURE  Signature, types or printed name of registered eg  12. OFFICERS A  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  LOGGE RIVER RD  NEW PORT RICHEY FL 34652  TITLE  NAME  LOGGE RIVER RD  NEW PORT RICHEY FL 34652	e of Florida, Such change was authations of, Section 607.0505, Florida cent and title if applicable. (NOTE: Rinner Delete Communication of the Communication	ngistored Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	(when reinstating)	DATE  CICERS AND DIRECT	CTORS IN 12
SIGNATURE  Signature, types or printed name of registered ag  12. OFFICERS A  TITLE P  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  STREET ADORESS  NEW PORT RICHEY FL 34652  LOCATION OF THE PORT AGENCY O	e of Florida, Such change was authations of, Section 607.0505, Florida cent and title if applicable. (NOTE: Rinner Delete Communication of the Communication	ngistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	(when reinstating)	DATE  CICERS AND DIRECT	CTORS IN 12
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/27

(727) 375-8260 Daytime Phone #