

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718359

**Entity Name:** THE OPPORTUNITY CENTER, INC.

**Current Principal Place of Business:**

310 N. CLYDE AVE  
KISSIMMEE, FL 34741

**Current Mailing Address:**

310 N. CLYDE AVE  
KISSIMMEE, FL 34741

**FEI Number:** 23-7063820

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAIN, SHERRY L  
310 NORTH CLYDE AVE  
KISSIMMEE, FL 34741 US

*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:** SHERRY L. CAIN

03/18/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PHILLIPS, CHARLENE M  
Address 2235 WOODSIDE WAY  
City-State-Zip: KISSIMMEE FL 34744

Title SECRETARY  
Name HINSON, ROBIN  
Address 3423 WILDERNESS TRAIL  
City-State-Zip: KISSIMMEE FL 34746

Title VP  
Name ANDERSON, SHERYL  
Address 3423 VILLAGE GREEN COURT  
City-State-Zip: ST. CLOUD FL 34772

Title TREASURER  
Name CARRION, PORTIA  
Address 2713 RISMEN COURT  
City-State-Zip: KISSIMMEE FL 34743

Title DIRECTOR  
Name KOCK, ANDRAE  
Address 1215 CARSON AVENUE  
City-State-Zip: KISSIMMEE FL 34744

Title PRESIDENT  
Name LACKEY, STEVE  
Address 2003 WESTWOOD CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

Title DIRECTOR  
Name GONZALEZ, BENEDICTA  
Address 801 E. FLAG PLACE  
City-State-Zip: KISSIMMEE FL 34759

Title DIRECTOR  
Name ALEXANDER, SHERYL  
Address 3749 CRESCENT PARK BLVD  
City-State-Zip: ORLANDO FL 32812

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHERRY L. CAIN

**EXECUTIVE DIRECTOR**

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            HOPKINS, SHERRY  
Address        2707 E JEFFERSON STREET  
City-State-Zip: ORLANDO FL 32803

Title            OTHER  
Name            CAIN, SHERRY L.  
Address        310 N. CLYDE AVE  
City-State-Zip: KISSIMMEE FL 34741