## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2004 8:00 am Secretary of State

Change

Addition

NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819  TITLE NAME HUNGATE, VICKIE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32802  TITLE D Delete D Change D Addition TVan D Change D C		ANNUAL	REPURI			ccictaiy			
CRLANDO REGIONAL CORPORATE VOLUNTEER COUNCIL, INC.  Principal Place of Business 1000 UNINFESA, STUDIOS PIAZA UNIVESA, ORLANDO ORLANDO, FL 32819  2. Principal Place of Business  Sulfa, Apt. 4, etc.			1170		<b>)</b>	)4-27-2004 90090	014 ****7	0.00	
1000 UNIVERSAL STUDIOS PLAZA UNIVERSAL ORIANDO ORLANDO, FL 32819  2. Principal Place of Business  Suits, Apt. #, etc.  Suits, Apt. #, etc.  Suits, Apt. #, etc.  Suits, Apt. #, etc.  City & State  Suits, Applicable or Status Desired  Suits, Applicable or Registered Agent  YOUNG, DIANE 1000 UNIVERSAL STUDIOS PLAZA UNIVERSAL ORLANDO ORLANDO, FL 32819  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered citics or registered agent, or both, in the State of Florida. I am furnisher with, and accept the chilipations of registered agent.  SIGNATURE  Filling Fee is \$61.25  Due by May 1, 2004  Principal Place  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  ORLANDO, FL 32819  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  ORLANDO, FL 32819  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  ORLANDO, FL 32819  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  ORLANDO, FL 32819  OFFICERS AND DIRECTORS  TITLE  ORLAND	ORLÁND	O REGIONAL CORPORAT							
Suita. Apt. #. etc.  Suita. Apt. #. etc.  City & State  Ci	1000 UNIVE UNIVERSAL (	RSAL STUDIOS PLAZA ORLANDO	1000 UNIVERSAL STUDI UNIVERSAL ORLANDO	IOS PLAZA			1	<b>.</b>	
City & State  City & State Discitor of Status Desired  See Required  Fee Required  Fee Required  Fee Required  Fee Required  Fee Required  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. 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. I am familiar with, and acceptable in the obligations of registered agent.  Signature, speed or primare name of registered agent and tale 4 activable.  Fitting Fee is \$61.25  Due by May 1, 2004  Fitting Fee fee;  Fee flequing Fee flequing Fee flequing Fee flequing Fee	2. Principal F	Place of Business	3. Mailing Address						
Zip Country Zip Country 5. Certificate of Status Desired S8.75 Additional rese Required Pee Requ	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152004 Chg-NP CR2E037 (10/03)				
6. Name and Address of Current Registered Agent  YOUNG, DIANE 1000 UNIVERSAL STUDIOS PLAZA UNIVERSAL ORLANDO ORLANDO, FL 32819  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Filling Fee is \$61.25  Due by May 1, 2004  9. Election Campaign Financing Trust Fund Contribution.  IIIL  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  IIILE  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  IIILE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  OFFICERS AND DIRECTORS IN 10  IIILE  ORLANDO, FL 32819  OFFICERS AND DIRECTORS IN 10  Delete  IIILE  D  ORLANDO, FL 32819  OFFICERS AND DIRECTORS IN 10  IIILE  ORLANDO, FL 32819  OFFICERS AND DIRECTORS IN 10  O	City & Stat	e	City & State	City & State		14635	<u> </u>	<u> </u>	
VOUNG DIANE 1000 UNIVERSAL STUDIOS PLAZA UNIVERSAL ORLANDO ORLANDO, FL 32819  City  FL  Zip Code  8. 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. I am familiar with, and accept the obligations of registered agent and title 4 applicable.  SIGNATURE  SIGNATURE  Filing Fee is \$61.25 Due by May 1, 2004  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME VOUNG, DIANE 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819  ORLANDO, FL 32819  TITLE D HUNGATE, VICKIE NAME SIREET ADDRESS ORLANDO, FL 32802  TITLE D HUNGATE, VICKIE NAME SIREET ADDRESS ORLANDO, FL 32802  TITLE D HUNGATE, VICKIE NAME SIREET ADDRESS ORLANDO, FL 32802  TITLE D HUNGATE, VICKIE NAME SIREET ADDRESS ORLANDO, FL 32802  TITLE D HUNGATE, VICKIE NAME SIREET ADDRESS ORLANDO, FL 32802  TITLE D Debte D DEBTE TITLE D DEBTE D DEBTE TITLE D DEBTE TITLE D DEBTE TITLE D DEBTE D DEBTE TITLE D D D DEBTE TITLE D D	Zip	Country	Zip	Country	5. Certificate of S	tatus Desired			
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent		7. Name and Add	iress of New Registere	d Agent 🔭 🔭		
Street Address (P.O. Box Number is Not Acceptable)	YOUNG F	NAME	Name	Name					
City FL Zip Code  8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Filing Fee is \$61.25  Due by May 1, 2004  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  ITILE  DOUNG, DIANE  YOUNG, DIANE  TOUS DIRECTADRESS  CITY-ST-ZIP  ORLANDO, FL 32819  TITLE  DO Delete  TITLE  DO DELET DOUNG DIRECTORS IT.  DOUNGATE, VICKIE  PO BOX 3193  ORLANDO, FL 32802  DIVELT-ZIP  ORLANDO, FL 32802  DOUNG DELET  ORLANDO, FL 32800  DOUNG DELET  TITLE  DO DELET DOUNG DELET  NAME  HUNGATE, VICKIE  PO BOX 3193  ORLANDO, FL 32802  DOUNG DELET  ORLANDO, FL 32802  DOUNG DELET  TITLE  DOUNGATE, VICKIE  PO BOX 3193  ORLANDO, FL 32802  DOUNG DELET  ORLANDO, FL 32802  DOUNG DELET  TITLE  DOUNGATE, VICKIE  PO BOX 3193  ORLANDO, FL 32802  DOUNGATE PORTORS  STREET ADDRESS  ORLANDO, FL 32802  DOUNG DELET  ORLANDO, FL 32802  DOUNG D	1000 UNIVERSAL STUDIOS PLAZA			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and life if applicable.   (NOTE Registered Agent signature required when remittaining)   DATE									
TITLE DEBTATURES ORLANDO, FL 32819  TITLE DORANDORSS PO BOX 3193  TITLE DORANDORSS PO BOX 3193  TITLE DORANDO, FL 32802  TITLE DORANDO, FL 32810				City		F	L Zip Code	<del>)</del>	
TITLE NAME YOUNG, DIANE  STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819  TITLE D HUNGATE, VICKIE NAME PO BOX 3193  CITY-ST-ZIP ORLANDO, FL 32802  TITLE D HUNGATE, VICKIE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE D HUNGATE, VICKIE NAME NAME NAME NAME NAME NAME NAME NAME	SIGNATURE	Signature, typed or printed name of registered agent	9. Election Cam	paign Financing	\$5.00 May Be	Make che	eck payable to		
STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819  TITLE D NAME HUNGATE, VICKIE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32802  TITLE D NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32802  TITLE D NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32802  TITLE D NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32802  TITLE D NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP LAKE BUENA VISTA, FL 32810  TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE CHANGE CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE	10.	OFFICERS AND DII	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10 ·	
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NAME Shevi Austin  STREET ADDRESS P.O. Box 1650  CITY-ST-ZIP ALTAMON 18 SOVINGS, F1 - 32703	TITLE NAME STREET ADDRESS		☐ Delete	TITLE D	irector.			Addition	

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Director

Deboran

Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: DIAM HOUSE SIGNATURE AND TYPED OR PRILYTED PLANE OF SIGNING OF BURETOR THE DATE OF SIGNING OF BURETOR THE SIGNING OF SIGNING OF BURETOR THE SIGNING OF SIGNING OF BURETOR THE SIG