

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N38242 (6)**  
 1. Corporation Name  
**ORANGE COUNTY MIGRANT YOUTH ASSOCIATION, INC.**



|   |                     |   |    |
|---|---------------------|---|----|
| Principal Place of Business   |                     | Mailing Address   |    |
| C/O MARSHA JOHNSON<br>434 N. TAMPA AVENUE<br>ORLANDO FL 32805<br>US |                     | C/O MARSHA JOHNSON<br>434 N. TAMPA AVENUE<br>ORLANDO FL 32805<br>US |    |
| 2. Principal Place of Business                                      | 2a. Mailing Address | 21  | 26 |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc. | 22  | 27 |
| City & State  | City & State        | 23  | 28 |
| Zip   | Country             | 24  | 29 |
|   |                     | 25  | 30 |

3. Date Incorporated or Qualified  
**05/21/1990**

4. FEI Number  
**59-3038148**

|             |                |
|-------------|----------------|
| 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**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**CHRISTOPHER, JOSEPH S.**  
**445 WEST AMELIA STREET**  
**ORLANDO FL 32801**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>WALDEN, EDDYE K.</b>                  |
| STREET ADDRESS | <b>3470 DOMI-FITZ COURT</b>              |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>                        |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>JOHNSON, MARSHA L.</b>                |
| STREET ADDRESS | <b>5507 WESTVIEW DR.</b>                 |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>                        |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>HERNANDEZ, MARIE R</b>                |
| STREET ADDRESS | <b>1998 PALM LANE</b>                    |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>                        |
| TITLE          | <b>P</b> <input type="checkbox"/> DELETE |
| NAME           | <b>FREEMAN, CONEY III</b>                |
| STREET ADDRESS | <b>7313 SEENA CT</b>                     |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>                        |
| 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)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marie R. Hernandez Date: 01-10-98 Phone: (407)246-7060

CR2E087 (10/97)