


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N38242</b> 1. Entity Name <b>ORANGE COUNTY MIGRANT YOUTH ASSOCIATION, INC.</b>	
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Principal Place of Business <b>C/O MARSHA JOHNSON 434 N. TAMPA AVENUE ORLANDO FL 32805 US</b>	Mailing Address <b>1998 PALM LANE ORLANDO FL 32803 US</b>
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-3038148</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HERNANDEZ, MARIE 1998 PALM LANE ORLANDO FL 32803</b>	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WALDEN, EDDYE K.</b> <b>3470 DOMI-FITZ COURT</b> <b>ORLANDO FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right; font-size: small;">                         04/28/05-80074-005 61.25                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JOHNSON, MARSHA L.</b> <b>5507 WESTVIEW DR.</b> <b>ORLANDO FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HERNANDEZ, MARIE R</b> <b>1998 PALM LANE</b> <b>ORLANDO FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>FREEMAN, CONEY III</b> <b>7313 SEENA CT</b> <b>ORLANDO FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right; font-size: small;">                         04/28/05-80074-005 61.25                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right; font-size: small;">                         U00000339376 04/28/05-80074-005 61.25                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eddye K. Walden 4-26-05 (907) 295-2263  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #