


FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90198 011 ****61.25

0016634

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N94000006149

1. Corporation Name
MAGIC ACTION TEAM COMMUNITY FUND, INC.

Principal Place of Business 600 WEST AMELIA STREET ORLANDO FL 32802-0076	Mailing Address POST OFFICE BOX 76 ORLANDO FL 32802-0076
--	--



21 Principal Place of Business ADV Sportsplex	2a. Mailing Address	3. Date Incorporated or Qualified 12/16/1994
22 Suite, Apt. #, etc. 8701 Maitland Summit Blvd.	Suite, Apt. #, etc.	4. FEI Number 59-3287579
23 City & State Orlando, FL	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32810	25 Country US	29 Zip
	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HEEKIN, JAMES F
215 NO. EOLA DRIVE
ORLANDO FL 32802-2809

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D Bowman, Scott	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARTINS, ALEX		1.2 NAME	
STREET ADDRESS TWO MAGIC PLACE, 8701 MAITLAND SUMMIT BLVD		1.3 STREET ADDRESS 8701 Maitland Summit Blvd	
CITY-ST-ZIP ORLANDO FL 32810		1.4 CITY-ST-ZIP Orlando, FL 32810	
TITLE VCD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V/D Collins, Valerie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BEELER, CAROL		2.2 NAME	
STREET ADDRESS TWO MAGIC PLACE, 8701 MAITLAND SUMMIT BLVD		2.3 STREET ADDRESS 8701 Maitland Summit Blvd	
CITY-ST-ZIP ORLANDO FL 32810		2.4 CITY-ST-ZIP Orlando, FL 32810	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S/T/D Fritz, Jim	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WETZLER, BARBARA		3.2 NAME	
STREET ADDRESS PO BOX 149425 N/A		3.3 STREET ADDRESS 8701 Maitland Summit Blvd	
CITY-ST-ZIP ORLANDO FL 32814		3.4 CITY-ST-ZIP Orlando, FL 32810	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIZZELLE, ASHLEIGH		4.2 NAME	
STREET ADDRESS TWO MAGIC PLACE, 8701 MAITLAND SUMMIT BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32810		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 617, 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 REQUIRED _____ Date: **4/30/99** Daytime Phone #: **916-2600**

CR2E037 (1/98)