

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000006149

**Entity Name:** MAGIC ACTION TEAM COMMUNITY FUND, INC.

**Current Principal Place of Business:**

400 W CHURCH ST ST.  
SUITE #250  
ORLANDO, FL 32801

**Current Mailing Address:**

400 W CHURCH ST ST.  
SUITE #250  
ORLANDO, FL 32801 US

**FEI Number:** 59-3287579

**Certificate of Status Desired:** No

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

HEEKIN, JAMES F  
215 NO. EOLA DRIVE  
ORLANDO, FL 32802 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	STD
Name	GONZALEZ, LINDA	Name	FRITZ, JIM
Address	400 W CHURCH ST ST. SUITE #250	Address	400 W CHURCH ST ST. SUITE #250
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR	Title	TREASURER
Name	MARTINS, ALEX	Name	BISSEY, JEFF
Address	400 W CHURCH ST ST. SUITE #250	Address	400 W CHURCH ST ST. SUITE #250
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801

*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:** JEFF BISSEY

VP OF FINANCE

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date