

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007585

FILED
Apr 17, 2007
Secretary of State

Entity Name: ORLANDO YOUTH ALLIANCE, INC.

Current Principal Place of Business:

850 CONCOURSE PKWY S.
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540321
ORLANDO, FL 32854 US

New Mailing Address:

P.O. BOX 536944
ORLANDO, FL 32853 US

FEI Number: 59-3666953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, MICHAEL
813 E. MICHIGAN STREET
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: HOWELL, PATRICK
Address: 850 CONCOURSE PARKWAY SOUTH
City-St-Zip: MAITLAND, FL 32751

Title: VP () Delete
Name: SULLIVAN, JOHN
Address: 789 FURMOSA AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: VELDE, JENNIFER
Address: 374 LAKEVIEW STREET
City-St-Zip: ORLANDO, FL 32804

Title: P () Delete
Name: BARRETT, JIM
Address: 3444 HEATHERINGTON ROAD
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VELDE, JENNIFER
Address: 1 SOUTH EOLA #@
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JENNIFER VELDE

OFFI

04/17/2007

Electronic Signature of Signing Officer or Director

Date