

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007585

FILED  
Apr 09, 2009  
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 536944  
ORLANDO, FL 32853 US

## New Mailing Address:

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

Title: VP ( ) Delete  
Name: VELDE, JENNIFER  
Address: 1 SOUTH EOLA DR #2  
City-St-Zip: ORLANDO, FL 32801

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

Title: P (X) Delete  
Name: SLAYMAKER, MICHAEL  
Address: 4101 FAIRVIEW VISTA PT UNIT 264  
City-St-Zip: ORLANDO, FL 32805

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change ( ) Addition  
Name: BOWLES, KIM  
Address: 711 BONGAT AVE  
City-St-Zip: WINTER PARK, FL 32792

Title: SEC (X) Change ( ) Addition  
Name: STILES, LAURA  
Address: P.O. BOX 536944  
City-St-Zip: ORLANDO, FL 32801

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

Title: P (X) Change ( ) Addition  
Name: SLAYMAKER, MICHAEL  
Address: 4101 FAIRVIEW VISTA PT UNIT 264  
City-St-Zip: ORLANDO, FL 32805

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

I hereby certify that the information supplied with this filing does not qualify 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

VP

04/09/2009

Electronic Signature of Signing Officer or Director

Date