

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90345 001 ****61.25

DOCUMENT # N02000007109 1. Entity Name MAGIC HOOP TROOP, INC.					
Principal Place of Business PO BOX 720067 ORLANDO, FL 32872-0067			Mailing Address PO BOX 720067 ORLANDO, FL 32872-0067		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0426388	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHAPMAN, MARTHA A ESQ 823 IRMA AVENUE ORLANDO, FL 32803				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKERSON, SHARON		NAME		
STREET ADDRESS	2158 W OAKRIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOSTETLER, MARSHA E		NAME	SPARROW, BILLY L.	
STREET ADDRESS	04056 PICCIOLA ROAD		STREET ADDRESS	410 TERRACE DR.	
CITY-ST-ZIP	FRUITLAND PARK, FL 347316448		CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAUGHN, HAPPY		NAME		
STREET ADDRESS	8052 STRIPED MARLIN WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAUGHN, TERRY		NAME	CLEM, LINDA	
STREET ADDRESS	8052 STRIPED MARLIN WAY		STREET ADDRESS	211 HOLIDAY LANE	
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOSTETLER, ROBERT E		NAME		
STREET ADDRESS	04056 PICCIOLA ROAD		STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK, FL 347316448		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: SHARON DICKERSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/7/04 <small>Date</small>		407/836-8923 <small>Daytime Phone #</small>