


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90041 021 ****70.00

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 P.O. BOX 536418 Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 536418 Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 51-0426388	
Zip 32853-6418		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAPMAN, MARTHA A ESQ 823 IRMA AVENUE ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <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 NAME DICKERSON, SHARON STREET ADDRESS 2158- WOAKRIDGE ROAD CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete		TITLE PD NAME DICKERSON, SHARON STREET ADDRESS 101 W. WALLACE ST. CITY-ST-ZIP ORLANDO, FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME SPARROW, BILLY L STREET ADDRESS 410 TERRACE DR. CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME VAUGHN, HAPPY STREET ADDRESS 8052 STRIPED MARLIN WAY CITY-ST-ZIP ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME CLEM, LINDA STREET ADDRESS 211 HOLIDAY LANE CITY-ST-ZIP WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME HOSTETLER, ROBERT E STREET ADDRESS 04056 PICCIOLA ROAD CITY-ST-ZIP FRUITLAND PARK, FL 347316448	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Sharon Dickerson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/8/05 407/836-8723 Date Daytime Phone #		