

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008052

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: MIDLANDS ORPHANS INC.

**Current Principal Place of Business:**

1052 PROVIDENCE LANE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

1052 PROVIDENCE LANE  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 80-0266652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MAZANA, TAMUKA  
1052 PROVIDENCE LANE  
OVIEDO, FL 32765 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: PD ( ) Delete  
Name: MAZANA, TAMUKA  
Address: 1052 PROVIDENCE LANE  
City-St-Zip: OVIEDO, FL 32765

Title: STD ( ) Delete  
Name: MAZANA, KELCIA  
Address: 1052 PROVIDENCE LANE  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: TAMUKA MAZANA

PD

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date