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Jan 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29920 (8)

1. Corporation Name

ORLANDO MAGIC YOUTH FOUNDATION, INC.

Principal Place of Business

ORLANDO ARENA
ONE MAGIC PLACE
ORLANDO FL 32801

Mailing Address

P.O. BOX 76
ORLANDO FL 32802-0076



3. Date Incorporated or Qualified
12/28/1988

3a. Date of Last Report
10/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-2940230

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEEKIN, JAMES F. JR.
LOWNDES, DROSDICK, DOSTER, KANTOR
215 N. EOLA DR.
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE
NAME VANDERWEIDE, CHERI D
STREET ADDRESS 9016 GREAT HERON CIRCLE
CITY-ST-ZIP ORLANDO FL 32808

TITLE BV ☐ DELETE
NAME DEVOS, DOUG
STREET ADDRESS 7575 E. FULTON
CITY-ST-ZIP ADA MI 49355

TITLE ST ☐ DELETE
NAME TUBERGEN, JERRY
STREET ADDRESS 500 PENN PLAZA BLDG.-126 OTTAWA AVE. N.W.
CITY-ST-ZIP GRAND RAPIDS MI 49503

TITLE D ☐ DELETE
NAME COATS, CARI H
STREET ADDRESS 600 WEST AMEILA
CITY-ST-ZIP ORLANDO FL 32802

TITLE D ☐ DELETE
NAME SWOPE, JOHN C
STREET ADDRESS 600 WEST AMEILA
CITY-ST-ZIP ORLANDO FL 32802

TITLE D ☐ DELETE
NAME HEWITT, JAMES
STREET ADDRESS 105 W. COLONIAL DR.
CITY-ST-ZIP ORLANDO FL 32801

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cari Coats
SIGNED: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97

407-649-3241

Date

Daytime Phone # 0016200

CR2E037 (9/96)