

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29920 (8)

1. Corporation Name

ORLANDO MAGIC YOUTH FOUNDATION, INC.

Principal Place of Business

Mailing Address

ORLANDO ARENA
ONE MAGIC PLACE
ORLANDO FL 32801

P.O. BOX 76
ORLANDO FL 32802

3. Date Incorporated or Qualified

12/28/1988

4. FEI Number

59-2840230

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 RDV Sportsplex

2a. Mailing Address

26

22 Suite, Apt. #, etc.
8701 Maitland Summit Blvd.

27 Suite, Apt. #, etc.

23 City & State
Orlando, FL

28 City & State

24 Zip
32810

Country

29 Zip

Country

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 8701 Maitland Summit Blvd.
1.4 CITY-ST-ZIP Orlando, FL 32810

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 8701 Maitland Summit Blvd.
4.4 CITY-ST-ZIP Orlando, FL 32810

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

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 8701 Maitland Summit Blvd.
5.4 CITY-ST-ZIP Orlando, FL 32810

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 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 checked, or in the attached statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER C. Swope

John C. Swope

9/2/98

407-916-2600

Date

Daytime Phone #

CR2E037 (5/98)