


FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N29920					
1. Corporation Name ORLANDO MAGIC YOUTH FOUNDATION, INC.					
Principal Place of Business RDV SPORTSLEX 8701 MAITLAND SUMMIT BLVD ORLANDO FL 32810 US			Mailing Address P.O. BOX 76 ORLANDO FL 32802		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/28/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2940230	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

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			
				85 Zip Code			
				FL			

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
C VANDERWEIDE, CHERI D 8701 MAITLAND SUMMIT BLVD ORLANDO FL 32810					
BV <input checked="" type="checkbox"/> DELETE DELOS, BOBBY 7575 E. FULTON ADA MI 49355			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
BT <input checked="" type="checkbox"/> DELETE BJORNSEN, JERRY 500 PENN PLAZA BLDG.-126 UTTAWA AVE. N.W. GRAND RAPIDS MI 49503			S/D Fehr, Lisa 8701 Maitland Summit Blvd Orlando, FL 32810		
D <input type="checkbox"/> DELETE SINOPPE, JONATHAN 8701 MAITLAND SUMMIT BLVD ORLANDO FL 32810			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
D <input type="checkbox"/> DELETE SNOWPE, JONATHAN 8701 MAITLAND SUMMIT BLVD ORLANDO FL 32810			Boer, Bill 500 Grand Bank Bldg - 126 Ottawa Ave NW Grand Rapids, MI 49503		
D <input checked="" type="checkbox"/> DELETE HEWITT, JAMES 105 W. COLONIAL DR. ORLANDO FL 32801			P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
			6.1 TITLE 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)(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, with all other like empowered.

SIGNATURE: *CATHERINE HARRIS* **4/30/99** **916-2600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)