
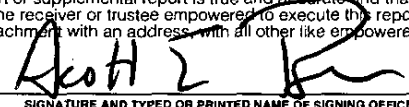


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90461 041 \*\*\*\*61.25

<b>DOCUMENT # N29920</b> 1. Entity Name <b>ORLANDO MAGIC YOUTH FOUNDATION, INC.</b>					
Principal Place of Business <b>RDV SPORTSLEX 8701 MAITLAND SUMMIT BLVD ORLANDO, FL 32810 US</b>			Mailing Address <b>8701 MAITLAND SUMMIT BLVD ORLANDO, FL 32810</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04222004 Chg-NP CR2E037 (10/03) 4. FEI Number <b>59-2940230</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HEEKIN, JAMES F. JR. LOWNDES, DROSDICK, DOSTER, KANTOR 215 N. EOLA DR. ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>VANDERWEIDE, BOB</b> <b>8701 MAITLAND SUMMIT BLVD</b> <b>ORLANDO, FL 32810</b>	<input 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	<b>SD</b> <b>FEHR, LISA</b> <b>8701 MAITLAND SUMMIT BLVD</b> <b>ORLANDO, FL 32810</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Bowman, Scott</b> <b>8701 Maitland Summit Blvd</b> <b>Orlando, FL 32810</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BOER, BILL</b> <b>500 GRAND BANK BLD 126 OTTAWA AVE NW</b> <b>GRAND RAPIDS, MI 49503</b>	<input 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	<b>PD</b> <b>COATS, CARI H</b> <b>8701 MAITLAND SUMMIT BLVD</b> <b>ORLANDO, FL 32810</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Anderson, Cindy</b> <b>8701 Maitland Summit Blvd</b> <b>Orlando, FL 32810</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, DEE</b> <b>8701 MAITLAND SUMMIT BLVD</b> <b>ORLANDO, FL 32810</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Smith, Otis</b> <b>8701 Maitland Summit Blvd</b> <b>Orlando, FL 32810</b>	
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.					
<b>SIGNATURE:</b> 			<b>4/22/04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		