

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29920

FILED
Feb 23, 2009
Secretary of State

Entity Name: ORLANDO MAGIC YOUTH FOUNDATION, INC.

Current Principal Place of Business:

RDV SPORTSPLEX
8701 MAITLAND SUMMIT BLVD
ORLANDO, FL 32810 US

New Principal Place of Business:

8701 MAITLAND SUMMIT BLVD
ORLANDO, FL 32810 US

Current Mailing Address:

8701 MAITLAND SUMMIT BLVD
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 59-2940230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, JAMES F. JR.
LOWNDES, DROSDICK, DOSTER, KANTOR
215 N. EOLA DR.
ORLANDO, FL 32801 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: C () Delete
Name: VANDERWEIDE, BOB
Address: 8701 MAITLAND SUMMIT BLVD
City-St-Zip: ORLANDO, FL 32810

Title: PD () Delete
Name: GONZALEZ, LINDA
Address: 8701 MAITLAND SUMMIT BLVD.
City-St-Zip: ORLANDO, FL 32810

Title: TD () Delete
Name: BOER, BILL
Address: 500 GRAND BANK BLD 126 OTTAWA AVE NW
City-St-Zip: GRAND RAPIDS, MI 49503

Title: SD () Delete
Name: CONLEY, KARI
Address: 8701 MAITLAND SUMMIT BLVD
City-St-Zip: ORLANDO, FL 32810

Title: D (X) Delete
Name: SMITH, OTIS
Address: 8701 MAITLAND SUMMIT BLVD
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SMITH, OTIS
Address: 8701 MAITLAND SUMMIT BLVD
City-St-Zip: ORLANDO, FL 32810

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: JIM FRITZ

CFO

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date