

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N38242

1. Entity Name
ORANGE COUNTY MIGRANT YOUTH ASSOCIATION, INC.



Principal Place of Business C/O MARSHA JOHNSON 434 N. TAMPA AVENUE ORLANDO, FL 32805 US	Mailing Address 1998 PALM LANE ORLANDO, FL 32803 US
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01142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3038148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, MARIE
 1998 PALM LANE
 ORLANDO, FL 32803**

DO NOT WRITE IN THIS SPACE

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 _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000112837 04/14/04 00000 010 01.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDEN, EDDYE K. 3470 DOMI-FITZ COURT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MARSHA L. 5507 WESTVIEW DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, MARIE R 1998 PALM LANE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEMAN, CONEY III 7313 SEENA CT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *Edgye K. Walden* **4-9-04 (407)295-2263**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #