

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3038148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, MARIE
1998 PALM LANE
ORLANDO FL 32803

Name

Street Address (P O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
WALDEN, EDDYE K.
STREET ADDRESS 3470 DOMI-FITZ COURT
CITY- ST- ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME ~~WALDEN, EDDYE K.~~
STREET ADDRESS ~~3470 DOMI-FITZ COURT~~
CITY- ST- ZIP ~~ORLANDO FL~~

TITLE ☐ Delete
NAME D
JOHNSON, MARSHA L.
STREET ADDRESS 5507 WESTVIEW DR.
CITY- ST- ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME D
HERNANDEZ, MARIE R
STREET ADDRESS 1998 PALM LANE
CITY- ST- ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME P
FREEMAN, CONEY III
STREET ADDRESS 7313 SEENA CT
CITY- ST- ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME ~~WALDEN, EDDYE K.~~
STREET ADDRESS ~~3470 DOMI-FITZ COURT~~
CITY- ST- ZIP ~~ORLANDO FL~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

Eddye K. Walden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05 (907) 295-2263
Date Daytime Phone #