


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000003974
 1. Entity Name
ORLANDO AFTER-SCHOOL ALL-STARS, INC.



Principal Place of Business 649 W. LIVINGSTON STREET ORLANDO, FL 32801	Mailing Address 649 W. LIVINGSTON STREET ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3313614	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DOWLESS, DONNA
 225 E. PINE ST., STE 355
 ORLANDO, FL 32801**

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC EARL, ROBERT 8669 COMMODITY CR. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ODS DOWLESS, DONNA 225 E. ROBINSON ST., #355 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEONHARDT, FRED 201 E. PINE ST. ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WYMAN, BETTY 400 S ORANGE AVE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000249007
 03/02/05-80053-019 61.25

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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.

SIGNATURE: Betty T. Wyman Date: 2/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #