


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

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



Principal Place of Business
400 S ORANGE AVE
ORLANDO, FL 32801

Mailing Address
400 S ORANGE AVE
ORLANDO, FL 32801



DO NOT WRITE IN THIS SPACE

01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3313614 Applied For
 Not Applicable

5. Certificate of Status Desired... **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, II, CHARLES J
201 S ROSALIND AVE
3RD FLR
ORLANDO, FL 32802-1393

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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 _____

Filing Fee is \$61.25
Due by May 1, 2007

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 BOWDEN, TERRY 2047 FOREST CLUB DRIVE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFS HAWKINS, II, CHARLES J 201 S ROSALIND AVE., 3RD FLR ORLANDO, FL 328021393
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, ANN 9800 INTERNATIONAL DRIVE ORLANDO, FL 32819
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	

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 02/19/07-80002-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **2/6/07** **407-246-2043**
 _____ Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR