


**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**



01172007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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, 2007**

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

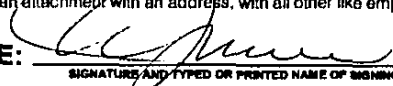
10. OFFICERS AND DIRECTORS

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	

U00000629464  
 02/19/07-80002-004 61.25

**DO NOT WRITE IN THIS SPACE**

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