

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 09, 2009
Secretary of State**

DOCUMENT# N95000003974

Entity Name: ORLANDO AFTER-SCHOOL ALL-STARS, INC.

Current Principal Place of Business:

400 S ORANGE AVE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

400 S ORANGE AVE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3313614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAWKINS, II, CHARLES J
201 S ROSALIND AVE
3RD FLR
ORLANDO, FL 328021393 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: OFS () Delete
Name: HAWKINS, II, CHARLES J
Address: 201 S ROSALIND AVE., 3RD FLR
City-St-Zip: ORLANDO, FL 328021393

Title: T () Delete
Name: JONES, ANN
Address: 9800 INTERNATIONAL DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: DC () Delete
Name: CALLAN, THOMAS
Address: 921 BRADSHAW TERRACE
City-St-Zip: ORLANDO, FL 32806

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HAWKINS, II, CHARLES J
Address: 201 S ROSALIND AVE., 3RD FLR
City-St-Zip: ORLANDO, FL 328021393

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: DONNA, DOWLESS
Address: 1055 LANCASTER DRIVE
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS CALLAN

DC

04/09/2009

Electronic Signature of Signing Officer or Director

Date