2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002047

Entity Name: ORION FOUNDATION, INCORPORATED

FILED Jan 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 16720 SW 81ST AVE.
 3617 CORAL TREE CIRCLE

 MIAMI, FL 33157
 COCONUT CREEK, FL 33073

Current Mailing Address: New Mailing Address:

PO BOX 227756 MIAMI, FL 33122

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAFEY, MICHAEL E
16720 SW 81ST AVE.
MIAMI, FL 33157 US

RAFEY, MICHAEL E
3617 CORAL TREE CIRCLE
COCONUT CREEK, FL 33073 US

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: 01/05/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D () Delete
 Title:
 D (X) Change () Addition

 Name:
 RAFEY, MICHAEL
 Name:
 RAFEY, MICHAEL E

 Address:
 16720 SW 81ST AVE.
 Address:
 3617 CORAL TREE CIRCLE

Address: 16720 SW 81ST AVE. Address: 3617 CORAL TREE CIRCLE
City-St-Zip: MIAMI, FL 33157 City-St-Zip: COCONUT CREEK, FL 33073

(X) Change () Addition Title: () Delete Title: RAFEY, FRANCINE Name: Name: RAFEY, CHRISTOPHER R Address: 16720 SW 81ST AVE. Address: 3617 CORAL TREE CIRCLE City-St-Zip: MIAMI, FL 33157 City-St-Zip: COCONUT CREEK, FL 33073

Name:GUSTMAN, NICOLEName:RAFEY, MILDRED BAddress:4004 PINE RIDGE LANEAddress:706 WISLEY WAYCity-St-Zip:WESTIN, FL 33331City-St-Zip:RINGGOLD, GA 30736 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL E. RAFEY D 01/05/2004