

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006963

Entity Name: MAGIC YOUTH ORGANIZATION, INC.

FILED
Apr 15, 2004
Secretary of State

Current Principal Place of Business:

238 CELEBRATION BLVD
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 690426
ORLANDO, FL 34747

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEBERLING, TIM
5248 ABELIA DR
ORLANDO, FL 32819

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: PD () Delete
Name: HEBERLING, TIMOTHY
Address: 6248 ABELIA DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: VP () Delete
Name: WHEELER, RANDY
Address: 4324 NEKO COURT
City-St-Zip: ORLANDO, FL 32829

Title: S () Delete
Name: BENNET, VINNIE
Address: 13380 SW 6 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33325

Title: D () Delete
Name: SHIELDS, LEE
Address: 1604 WHITE DOVE DR.
City-St-Zip: WINTER SPRINGS, FL 32078

Title: T () Delete
Name: DEFAZIO, JOE
Address: 104 MANTE DR
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: TIMOTHY HEBERLING

PRES

04/15/2004

Electronic Signature of Signing Officer or Director

Date