

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007467

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE LEGACY FOUNDATION AT SHELL POINT, INC.

Current Principal Place of Business:

15010 SHELL POINT BOULEVARD
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15010 SHELL POINT BOULEVARD
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 80-0002415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYS, PETER
15000 SHELL POINT BOULEVARD
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

DYS, PETER
15000 SHELL POINT BOULEVARD
STE 100
FORT MYERS, FL 33908 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:

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SCOTT, ROBERT M
Address: 2525 N 117TH AVENUE
City-St-Zip: OMAHA, NE 68164

Title: SD () Delete
Name: DE WITT, CHARLES B
Address: 528 COUNTY ROAD 513
City-St-Zip: CALIFON, NJ 07830

Title: CD () Delete
Name: DAVIDSON, JOHN W
Address: 128 WESTRIDGE COURT
City-St-Zip: CHAPIN, SC 29036

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CD (X) Change () Addition
Name: DE WITT, CHARLES B
Address: 528 COUNTY ROAD 513
City-St-Zip: CALIFON, NJ 07830

Title: VCD (X) Change () Addition
Name: DAVIDSON, JOHN W
Address: 128 WESTRIDGE COURT
City-St-Zip: CHAPIN, SC 29036

Title: ATD () Change (X) Addition
Name: LOCHRIDGE, TIM K
Address: 15000 SHELL POINT BLVD, STE 100
City-St-Zip: FORT MYERS, FL 33908

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: TIM K. LOCHRIDGE

ATD

04/21/2009

Electronic Signature of Signing Officer or Director

Date