

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004060

FILED  
Apr 20, 2010  
Secretary of State

Entity Name: CITY OF LEGENDS CHARITIES INC.

**Current Principal Place of Business:**

1101 CITRUS TOWER BLVD.  
@ NTC / SPORTS MEDICINE INSTITUTE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

1101 CITRUS TOWER BLVD.  
@ NTC / SPORTS MEDICINE INSTITUTE  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 51-0506791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCDOWELL, SAM  
CITY OF LEGENDS CHARITIES, INC.  
1101 CITRUS TOWER BLVD.  
CLERMONT, FL 34711 US

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

MCDOWELL, SAMUEL E  
CITY OF LEGENDS CHARITIES, INC.  
1101 CITRUS TOWER BLVD.  
CLERMONT, FL 34711 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: SAMUEL E. MCDOWELL

04/20/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MCDOWELL, SAMUEL E  
Address: 12902 BROWN BARK TRAIL  
City-St-Zip: CLERMONT, FL 34711

Title: VP  
Name: RAY, MIKE  
Address: 1101 CITRUS TOWER BLVD. @ NTC/SMI  
City-St-Zip: CLERMONT, FL 34711

Title: ST  
Name: MCDOWELL, EVA  
Address: 1101 CITRUS TOWER BLVD. @ NTC/SMI  
City-St-Zip: CLERMONT, FL 34711

Title: S/TR  
Name: PISARKIEWICZ, STEPHEN R  
Address: 1101 CITRUS TOWER BLVD. @ NTC/SMI  
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL E. MCDOWELL

PRES

04/20/2010

Electronic Signature of Signing Officer or Director

Date