

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010671

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** ANNA TRINGAS LEGACY FUND, INC.

**Current Principal Place of Business:**

3820 MAULE ROAD  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

**Current Mailing Address:**

3820 MAULE ROAD  
PENSACOLA, FL 32503 US

**New Mailing Address:**

FEI Number: 27-1236878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHIBBS, SUZANNE N  
801 W. ROMANA STREET  
UNIT C  
PENSACOLA, FL 32502 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: DP  
Name: MURPHY, WILLIAM P  
Address: 319 LAMONT DRIVE  
City-St-Zip: DECATUR, GA 30030 US

Title: DVP  
Name: SILIVOS, SOPHIA  
Address: 4368 HARVEST LANE  
City-St-Zip: HOUSTON, TX 77004 US

Title: T  
Name: JOHNSON, RICHARD T  
Address: 3820 MAULE ROAD  
City-St-Zip: PENSACOLA, FL 32503 US

Title: DS  
Name: LAWLESS, ANGELE S  
Address: 3290 HARRIS ROAD  
City-St-Zip: MARIETTA, GA 30060 US

Title: D  
Name: HODGES, GRACE T  
Address: P.O. BOX 9476  
City-St-Zip: PENSACOLA, FL 32513 US

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: RICHARD T JOHNSON

TRES

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date