

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000484

FILED
Jan 05, 2006
Secretary of State

Entity Name: CHRISTIAN LEGACY FOUNDATION, INC.

Current Principal Place of Business:

1408 N. WESTSHORE BLVD.
SUITE 504
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

PO BOX 22774
TAMPA, FL 336222774

New Mailing Address:

FEI Number: 59-3498416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, ROBERT G MR.
PO BOX 22774
TAMPA, FL 336222774 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: DS () Delete
Name: SKIPPER, J. STANLEY
Address: 2007 W. DELEON ST., SUITE A
City-St-Zip: TAMPA, FL 336062081

Title: DC () Delete
Name: COLLIER, TERRY
Address: 5230 DENVER ST.
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D () Delete
Name: WILSON, JR., BYRON G
Address: 18921 AVE, BIARRITZ-CHEVALESTS
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: BATEMAN, LESLEY
Address: 2410 SUNSET DRIVE
City-St-Zip: TAMPA, FL 33629

Title: DPT () Delete
Name: COLLINS, ROBERT G
Address: 8597 BARDMOOR PLACE
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: PIEPER, JOHN H
Address: 4211 W. BOYSCOUT RD., #190
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: COLLIER, TERRY
Address: 5230 DENVER ST.
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: DC (X) Change () Addition
Name: WILSON, JR., BYRON G
Address: 18921 AVE, BIARRITZ-CHEVALESTS
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change () Addition
Name: BROWNLEE, DAVID
Address: 2403 SUNSET DR.
City-St-Zip: TAMPA, FL 33629

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 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: ROBERT G COLLINS

PRES

01/05/2006

Electronic Signature of Signing Officer or Director

Date