2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

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Entity Name: LEGACY TRUST COMPANY

Current Principal Place of Business:

822 N HWY A1A NORTH
SUITE 101
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

822 N HWY A1A NORTH
SUITE 101
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 41-2027993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DEALEXANDRIS, ROBERT A
Address: 20 SCOTTS NECK
City-St-Zip: SHELDON, SC 29941

Title: D ( ) Delete
Name: EVANS, RONALD J
Address: 205 SEA ISLAND DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: MCLAUCHLAN, RODNEY A
Address: 831 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: EVANS, DAVID F JR
Address: 404 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DCC ( ) Delete
Name: MCLAUCHLAN, KRISTIN D
Address: 831 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: LAZZARA, GASPER
Address: 5000 SAWGRASS CIRCLE SUITE 28
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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:

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIN D. MCLAUCHLAN DCC 04/21/2009

Electronic Signature of Signing Officer or Director Date