

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006769

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC8879839288**

**Entity Name:** LEGACY INSTITUTE FOR NATURE & CULTURE, INC.

**Current Principal Place of Business:**

305 20TH AVE NE  
ST. PETERSBURG, FL 33704

**Current Mailing Address:**

P. O. BOX 1802  
TAMPA, FL 33601 US

**FEI Number:** 20-1822793

**Certificate of Status Desired:** No

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

WARD, R. CARLTON JR.  
520 EAST DAVIS BLVD.  
TAMPA, FL 33606 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           CROSS, LINDSAY  
Address        P. O. BOX 1802  
City-State-Zip: TAMPA FL 33601

Title           PRESIDENT  
Name           DIMMITT, MALLORY L.  
Address        PO BOX 1802  
City-State-Zip: TAMPA FL 33601

Title           TREASURER  
Name           BRAND, KRISTEN  
Address        442 W KENNEDY BLVD  
                  STE 390  
City-State-Zip: TAMPA FL 33606

Title           VP  
Name           MOORE, AMANDA  
Address        P. O. BOX 1802  
City-State-Zip: TAMPA FL 33601

*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: KRISTEN BRAND**

**TREASURER**

**04/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date