

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006333

**Entity Name:** LIBBY'S LEGACY BREAST CANCER FOUNDATION, INC.

**Current Principal Place of Business:**

1718 S. ORANGE AVE  
ORLANDO, FL 32806

**Current Mailing Address:**

1718 S. ORANGE AVE  
ORLANDO, FL 32806

**FEI Number:** 11-3812766

**Certificate of Status Desired:** No

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

REYNOLDS, CATHERINE VP  
4020 PELICAN LANE  
ORLANDO, FL 32803 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	P	Title	VP
Name	MAYNARD, ROBIN P	Name	REYNOLDS, CATHERINE DVP
Address	1211 E. GORE ST.	Address	4020 PELICAN LANE
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32803
Title	TREASURER		
Name	COLOMBEY, MARTINE		
Address	2616 S. CRYSTAL LAKE DRIVE APT A		
City-State-Zip:	ORLANDO FL 32806		

*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:** ROBIN MAYNARD

**EXECUTIVE DIRECTOR**

**04/02/2014**

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

\_\_\_\_\_  
Date