

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003749

Entity Name: THE WORTHEN LEGACY GROUP, INC.**Current Principal Place of Business:**190 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**PO BOX 540119
ORLANDO, FL 32854**FEI Number:** 26-2514251**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HATCHER, STEPHEN B. ESQ.
315 E. ROBINSON ST., STE. 600
C/O ZIMMERMAN, KISER & SUTELIFFE, P.A.
ORLANDO, FL 32801 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	D
Name	KOCH, KATHY
Address	190 N. WESTMONTE DR.
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	D
Name	RAGAN, BOB
Address	PO BOX 1034
City-State-Zip:	FAIRFAX VA 22038

Title	D
Name	SCHMIERER, DON
Address	190 N. WESTMONTE DR.
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	D
Name	SCHMIERER, DIANA
Address	190 N. WESTMONTE DR.
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	D
Name	WHITTEN, CLARK
Address	GRACE CHURCH
City-State-Zip:	LONGWOOD FL 32779

Title	D
Name	WHITTEN, MARTHA
Address	GRACE CHURCH
City-State-Zip:	LONGWOOD FL 32779

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: CLARK WHITTEN**CHAIRMAN****01/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date