

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010671

**Entity Name:** ANNA TRINGAS LEGACY FUND, INC.

**Current Principal Place of Business:**

3820 MAULE ROAD  
PENSACOLA, FL 32503

**Current Mailing Address:**

3820 MAULE ROAD  
PENSACOLA, FL 32503 US

**FEI Number:** 27-1236878

**Certificate of Status Desired:** No

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

WHIBBS, SUZANNE N  
801 W. ROMANA STREET  
UNIT C  
PENSACOLA, FL 32502 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 DP  
Name MURPHY, WILLIAM P  
Address 319 LAMONT DRIVE  
City-State-Zip: DECATUR GA 30030

Title DVP  
Name SILIVOS, SOPHIA  
Address 4368 HARVEST LANE  
City-State-Zip: HOUSTON TX 77004

Title T  
Name JOHNSON, RICHARD T  
Address 3820 MAULE ROAD  
City-State-Zip: PENSACOLA FL 32503

Title DS  
Name LAWLESS, ANGELE S  
Address 3290 HARRIS ROAD  
City-State-Zip: MARIETTA GA 30060

Title D  
Name HODGES, GRACE T  
Address P.O. BOX 9476  
City-State-Zip: PENSACOLA FL 32513

*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:** RICHARD T JOHNSON

**TREAS.**

01/16/2015

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

\_\_\_\_\_  
Date