

2013 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

T

01/16/2013

Electronic Signature of Signing Officer/Director Detail_____
Date