2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000006536

Entity Name: FRIENDS OF THE LEGACY TRAIL, INC.

Current Principal Place of Business:

17888 67TH COURT NORTH LOXAHATCHEE, FL 33470

Current Mailing Address:

PO BOX 792 OSPREY, FL 34229 US

FEI Number: 81-3060109

Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 US

The above named entity submits this statement for the nurnose of changing its registered office or registered agent, or both, in the State of Elevide

SIGNATURE:	ANDREA SEAGER			06/09/2020
	Electronic Signature of Registered Agent			Date
Officer/Direct	or Detail :			
Title \	/P	Title	TREASURER	
Name N	NORMAND, ROGER	Name	STANLEY, MICHELLE	
Address F	PO BOX 792	Address	PO BOX 792	
City-State-Zip: C	DSPREY FL 34229	City-State-Zip:	OSPREY FL 34229	
Title F	PRESIDENT	Title	SECRETARY	
Name k	KOSIBA, LOUIS	Name	LANG, DARRYL	
Address F	PO BOX 792	Address	PO BOX 792	
City-State-Zip: C	OSPREY FL 34229	City-State-Zip:	OSPREY FL 34229	
Title D	DIRECTOR	Title	PAST PRESIDENT/DIRECTOR	
Name M	MIOTTI, RITA	Name	DILLON, BRUCE	
Address F	P.O. BOX 792	Address	P.O. BOX 792	
City-State-Zip: C	DSPREY FL 34229	City-State-Zip:	OSPREY FL 34229	
Title D	DIRECTOR	Title	DIRECTOR	
Name M	MARTIN, STEVE	Name	MARTIN, CARLA	
Address F	P.O. BOX 792	Address	P.O. BOX 792	
City-State-Zip: C	OSPREY FL 34229	City-State-Zip:	OSPREY FL 34229	

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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: MICHELLE STANLEY

TREASURER

06/09/2020

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jun 09, 2020 Secretary of State 9732177767CC

Certificate of Status Desired: Yes

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	ATTENBERG, JOAN	Name	TRAVIS, BARROWS
Address	P.O. BOX 792	Address	P.O. BOX 792
City-State-Zip:	OSPREY FL 34229	City-State-Zip:	OSPREY FL 34229

TitleDIRECTORNameJANINE, JACOBSAddressP.O. BOX 792City-State-Zip:OSPREY FL 34229