#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N17000010161

Entity Name: ST. MICHAEL'S LEGIONE INC.

#### **Current Principal Place of Business:**

1255 FLORIDA AVE UNIT F ROCKLEDGE, FL 32955

### **Current Mailing Address:**

1255 FLORIDA AVE UNIT F ROCKLEDGE, FL 32955 US

### FEI Number: 82-3209675

### Name and Address of Current Registered Agent:

MCCURDY, CHAD R 1255 FLORIDA AVE UNIT F ROCKLEDGE, FL 32955 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

### **Officer/Director Detail :**

Title	Ρ	Title	VP		
Name	CARUSO, ROBERT	Name	CARUSO, ANTHONY		
Address	1410 LARA CIR, 102	Address	4411 TALBOT BLVD		
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	COCOA FL 32926		
Title	SD	Title	CEO		
Name	MCCURDY, CHAD	Name	MCCURDY, CHAD		
Address	2061 BRIDGEPORT CIR	Address	2061 BRIDGEPORT CIR		
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955		
Title	TR	Title	TR		
Name	PEACOCK, MICHAEL	Name	COMERFORD, MICHAEL		
Address	2845 W KING ST STE 204	Address	2845 W KING ST STE 204		
City-State-Zip:	COCOA FL 32926	City-State-Zip:	COCOA FL 32926		
Title	TR	Title	TR		
Name	PORTILLO, ORLANDO	Name	FORTE, LOUIS		
Address	2845 W KING ST STE 204	Address	2845 W KING ST STE 204		
City-State-Zip:	COCOA FL 32927	City-State-Zip:	COCOA FL 32927		

## Continues on page 2

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	: CHAD R MCCURDY	CEO	02/01/2024
	Electronic Signature of Signing Officer/Director Detail		Date

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 01, 2024 Secretary of State 0263639251CC

Certificate of Status Desired: No

Date

#### **Officer/Director Detail Continued :**

Title	TR
Name	LANIER, LARRY
Address	2845 W KING ST STE 204
City-State-Zip:	COCOA FL 32927