

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

DOCUMENT# N38554

**Entity Name:** LIFELINK LEGACY FUND, INC.

**Current Principal Place of Business:**

9661 DELANEY CREEK BLVD.  
TAMPA, FL 33619

**Current Mailing Address:**

2907 BAY TO BAY BLVD  
SUITE 201  
TAMPA, FL 33629

**FEI Number:** 59-3040982

**Certificate of Status Desired:** No

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

MCNAMARA, THOMAS P  
2907 BAY TO BAY BLVD  
STE 201  
TAMPA, FL 33629 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 CHAIRMAN  
Name JONES, LARRY  
Address 2930 TAMBAY AVE.  
City-State-Zip: TAMPA FL 33611

Title S  
Name EIDE, SAMANTHA  
Address 9661 DELANEY CREEK BLVD.  
City-State-Zip: TAMPA FL 33619

Title T  
Name HERNANDEZ, STEPHANIE  
Address 9661 DELANEY CREEK BLVD.  
City-State-Zip: TAMPA FL 33619

Title D  
Name SHIRES, DANA LMD  
Address 9661 DELANEY CREEK BLVD.  
City-State-Zip: TAMPA FL 33619

Title D  
Name LEFOR, WILLIAM MPH.D.  
Address 16204 DIAMOND BAY DR.  
City-State-Zip: WIAMAUMA FL 33598

Title D  
Name ECKHART, JEFFREY  
Address 737 PINELLAS BAYWAY, #108  
City-State-Zip: TIERRA VERDE FL 33715

*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:** LARRY JONES

CHAIRMAN

04/08/2015

Electronic Signature of Signing Officer/Director Detail

Date