

2014 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 33611Title S
Name EIDE, SAMANTHA
Address 9661 DELANEY CREEK BLVD.
City-State-Zip: TAMPA FL 33619Title T
Name HERNANDEZ, STEPHANIE
Address 9661 DELANEY CREEK BLVD.
City-State-Zip: TAMPA FL 33619Title D
Name SHIRES, DANA LMD
Address 9661 DELANEY CREEK BLVD.
City-State-Zip: TAMPA FL 33619Title D
Name LEFOR, WILLIAM MPH.D.
Address 16204 DIAMOND BAY DR.
City-State-Zip: WIAUMA FL 33598Title 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****03/26/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date