

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000484

Entity Name: CHRISTIAN LEGACY FOUNDATION, INC.**Current Principal Place of Business:**707 NORTH FRANKLIN STREET
SUITE 800
TAMPA, FL 33602**Current Mailing Address:**707 NORTH FRANKLIN STREET
SUITE 800
TAMPA, FL 33602 US**FEI Number:** 59-3498416**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLLINS, ROBERT GMR.
707 NORTH FRANKLIN STREET
SUITE 800
TAMPA, FL 33602 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 DIRECTOR
Name WILSON, JR., BYRON G
Address 11805 GLEN WESSEX COURT
City-State-Zip: TAMPA FL 33626

Title DIRECTOR, CHAIRMAN
Name PEIFER, CHRIS
Address 16308 VILLARREAL DE AVILA
City-State-Zip: TAMPA FL 33613

Title DIRECTOR
Name FECHTEL, VINCENT J III
Address 531 EAST COUNTY LINE ROAD
City-State-Zip: LUTZ FL 33549

Title DIRECTOR
Name WHITEHEAD, BRENT
Address PO BOX 387
City-State-Zip: CORTEZ FL 34215

Title DIRECTOR, PRESIDENT
Name COLLINS, ROBERT G
Address 1325 SNELL ISLE BLVD. NE
#306
City-State-Zip: ST PETERSBURG FL 33704

Title COO
Name WALDAUER, ANGELA C
Address 16086 49TH ST N
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name SANDBERG, ROGER
Address 1749 NAPERVILLE ROAD
SUITE 206
City-State-Zip: WHEATON IL 60189

Title DIRECTOR
Name TRELEAVEN, CARL
Address 7602 LEATHER FERN CT. N.
City-State-Zip: PINELLAS PARK FL 33782

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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: ANGELA WALDAUER

COO

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SPUTO, DOMINIC
Address	7736 N. MOBLEY ROAD
City-State-Zip:	ODESSA FL 33556