

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002714

FILED  
May 05, 2005  
Secretary of State

Entity Name: FLORIDA LEGACY ALLSTARS INC.

## Current Principal Place of Business:

12894 METRO PARKWAY  
FORT MYERS, FL 33912

## New Principal Place of Business:

## Current Mailing Address:

12894 METRO PARKWAY  
FORT MYERS, FL 33912

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

SHERWOOD, MICHELLE  
1509 SW 48TH TERRACE  
#102  
CAPE CORAL, FL 33914 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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHERWOOD, MICHELLE  
Address: 1509 SW 48TH TERRACE #102  
City-St-Zip: CAPE CORAL, FL 33914

Title: DP ( ) Delete  
Name: JUERS, RICHARD  
Address: 1126 SW 1ST TERRACE  
City-St-Zip: CAPE CORAL, FL 33991

Title: DV ( ) Delete  
Name: BERTHEL, DONNA  
Address: 4816 MARINE DRIVE #1  
City-St-Zip: CAPE CORAL, FL 33904

Title: DS ( ) Delete  
Name: REED, KARA  
Address: 1366 GULF DRIVE  
City-St-Zip: FT MYERS, FL 33919

Title: DT ( ) Delete  
Name: BEITELSCHIES, RHONDA  
Address: 849 SE 3RD TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHELLE SHERWOOD

D

05/05/2005

Electronic Signature of Signing Officer or Director

Date