

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000657

FILED
Apr 19, 2007
Secretary of State

Entity Name: LBRA LEGACY FOUNDATION, INC.

Current Principal Place of Business:

2231 POINSETTIA DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2231 POINSETTIA DRIVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 84-1636368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLAIN, JOHN E III
2231 POINSETTIA DRIVE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: MCLAIN, JOHN E III
Address: 2231 POINSETTIA DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: LANDIS, KATE
Address: 468 WINDING CREEK PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: ROGERS, BRUCE
Address: 366 NEEDLES TRAIL
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: LARSON, LINDA
Address: 104 SWEETWATER BLVD. S
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: BEGLEY, KEITH
Address: 108 THISTLEWOOD CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: DETZEL, JIM
Address: 2211 W. LAKE BRANTLEY DRIVE
City-St-Zip: LONGWOOD, FL 32779

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
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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 Chapter 119, 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: JOHN E. MCLAIN III

PRES

04/19/2007

Electronic Signature of Signing Officer or Director

Date