

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004060

FILED
May 16, 2005
Secretary of State

Entity Name: CITY OF LEGENDS CHARITIES INC.

Current Principal Place of Business:

151 E. MINNEHAHA AVENUE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

151 E. MINNEHAHA AVENUE
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 51-0506791 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

MCDOWELL, SAM
CITY OF LEGENDS
151 E. MINNEHAHA AVENUE
CLERMONT, FL 34711 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: P () Delete
Name: MCDOWELL, SAM
Address: 151 E. MINNEHAHA AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: V () Delete
Name: RAY, MIKE
Address: 151 E. MINNEHAHA AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: ST () Delete
Name: LINGLE, NOLA
Address: 151 E. MINNEHAHA AVENUE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: MCDOWELL, EVA
Address: 151 E. MINNEHAHA AVENUE
City-St-Zip: CLERMONT, FL 34711

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: SAM MCDOWELL

P

05/16/2005

Electronic Signature of Signing Officer or Director

Date