

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000004060	
1. Entity Name CITY OF LEGENDS CHARITIES INC.	

Principal Place of Business 151 E. MINNEHAHA AVENUE CLERMONT FL 34711	Mailing Address 151 E. MINNEHAHA AVENUE CLERMONT FL 34711
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number **51-0506791** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCDOWELL, SAM
CITY OF LEGENDS
151 E. MINNEHAHA AVENUE
CLERMONT FL 34711**

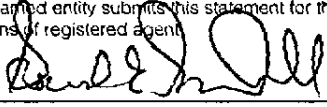
7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ FL Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3/07/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MCDOWELL, SAM 151 E. MINNEHAHA AVENUE CLERMONT FL 34711 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V RAY, MIKE 151 E. MINNEHAHA AVENUE CLERMONT FL 34711 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST MCDOWELL, EVA 151 E. MINNEHAHA AVENUE CLERMONT FL 34711 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add 010000462915 03/21/06-80054-024 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.