


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90019 043 ****61.25

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	
2. Principal Place of Business - No P.O. Box # <i>1101 Citrus Tower Blvd.</i>		3. Mailing Address <i>1101 Citrus Tower Blvd.</i>	
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -	
City & State <i>Clermont, Florida</i>		City & State <i>Clermont, Florida</i>	
Zip <i>34711</i>		Zip <i>34711</i>	
Country -		Country -	
4. FEI Number 51-0506791		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <i>City of Legends Charities, Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1101 Citrus Tower Blvd.</i> City <i>Clermont</i> FL Zip Code <i>34711</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDOWELL, SAM 151 E. MINNEHAHA AVENUE CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDowell, Sam 1101 Citrus Tower Blvd. Clermont, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAY, MIKE 151 E. MINNEHAHA AVENUE CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ray, Mike 1101 Citrus Tower Blvd. Clermont, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCDOWELL, EVA 151 E. MINNEHAHA AVENUE CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCDowell, Eva 1101 Citrus Tower Blvd. Clermont, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE: <i>Samuel McDowell</i>		Date <i>5-7-07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40116000



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