

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004060

FILED
Apr 29, 2009
Secretary of State

Entity Name: CITY OF LEGENDS CHARITIES INC.

Current Principal Place of Business:

1101 CITRUS TOWER BLVD.
CLERMONT, FL 34711

New Principal Place of Business:

1101 CITRUS TOWER BLVD.
@ NTC / SPORTS MEDICINE INSTITUTE
CLERMONT, FL 34711

Current Mailing Address:

1101 CITRUS TOWER BLVD.
CLERMONT, FL 34711

New Mailing Address:

1101 CITRUS TOWER BLVD.
@ NTC / SPORTS MEDICINE INSTITUTE
CLERMONT, FL 34711

FEI Number: 51-0506791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDOWELL, SAM
CITY OF LEGENDS CHARITIES, INC.
1101 CITRUS TOWER BLVD.
CLERMONT, FL 34711 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: P () Delete
Name: MCDOWELL, SAM
Address: 1101 CITRUS TOWER BLVD.
City-St-Zip: CLERMONT, FL 34711

Title: V () Delete
Name: RAY, MIKE
Address: 1101 CITRUS TOWER BLVD.
City-St-Zip: CLERMONT, FL 34711

Title: ST () Delete
Name: MCDOWELL, EVA
Address: 1101 CITRUS TOWER BLVD.
City-St-Zip: CLERMONT, FL 34711

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCDOWELL, SAM
Address: 1101 CITRUS TOWER BLVD. @ NTC/SMI
City-St-Zip: CLERMONT, FL 34711

Title: V (X) Change () Addition
Name: RAY, MIKE
Address: 1101 CITRUS TOWER BLVD. @ NTC/SMI
City-St-Zip: CLERMONT, FL 34711

Title: ST (X) Change () Addition
Name: MCDOWELL, EVA
Address: 1101 CITRUS TOWER BLVD. @ NTC/SMI
City-St-Zip: CLERMONT, FL 34711

Title: S/TR () Change (X) Addition
Name: PISARKIEWICZ, STEPHEN R
Address: 1101 CITRUS TOWER BLVD. @ NTC/SMI
City-St-Zip: CLEMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify 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: SAM MCDOWELL

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date