

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005981

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** LEGACY MINISTRY INTERNATIONAL, INC.

**Current Principal Place of Business:**

18027 SE COUNTY ROAD 225  
EVINSTON, FL 32633

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 373  
EVINSTON, FL 32633

**New Mailing Address:**

**FEI Number:** 20-1821128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VIDAL, ALBERT J  
421 S. PINE AVENUE  
OCALA, FL 34474 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: PTD ( ) Delete  
Name: VIDAL, LAURIS G  
Address: 18027 SE COUNTY ROAD 225  
City-St-Zip: EVINSTON, FL 32633

Title: D ( ) Delete  
Name: DE SOUZA, STEVE  
Address: 13201 REESE BLVD., W. SUITE 200  
City-St-Zip: HUNTERVILLE, NC 28078

Title: D ( ) Delete  
Name: DWYER, MIKE  
Address: 3381 REGAL CREST DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: SD ( ) Delete  
Name: SELBY, DWIGHT  
Address: 200 E GRANADA BLVD - STE 200  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete  
Name: BUCKLEY, KENT  
Address: 1226 OCEAN SHORE BLVD  
City-St-Zip: ORMOND BEACH, FL 32176

**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  
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 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: LAURIS G. VIDAL

PTD

04/07/2009

Electronic Signature of Signing Officer or Director

Date