

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006769

FILED
Feb 10, 2008
Secretary of State

Entity Name: LEGACY INSTITUTE FOR NATURE & CULTURE, INC.

Current Principal Place of Business:

520 EAST DAVIS BLVD
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1802
TAMPA, FL 33601

New Mailing Address:

FEI Number: 20-1822793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, R. CARLTON JR.
520 EAST DAVIS BLVD.
TAMPA, FL 33606 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: WARD, R. CARLTON JR.
Address: PO BOX 1802
City-St-Zip: TAMPA, FL 33601

Title: T () Delete
Name: CANTONIS, MICHAEL G II
Address: PO BOX 1802
City-St-Zip: TAMPA, FL 33601

Title: S () Delete
Name: MCMILLAN, CHELSEA
Address: PO BOX 1802
City-St-Zip: TAMPA, FL 33601

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:

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: CARLTON WARD JR

PRES

02/10/2008

Electronic Signature of Signing Officer or Director

Date