

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010010

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE SOUTHERN LEGENDS ENTERTAINMENT AND PERFORMING ARTS HALL OF FAME CORP

Current Principal Place of Business:

1617 PINE LANE DRIVE
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

1617 PINE LANE DRIVE
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 20-3552698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, ROBERT L
1617 PINE LANE DRIVE
CANTONMENT, FL 32533 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: D () Delete
Name: MORRIS, ROBERT L
Address: 1617 PINE LANE DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: HENRY, H.T.
Address: 1616 HIGH MEADOWS DRIVE
City-St-Zip: CHOCTAW, OK 73020

Title: D () Delete
Name: CASE, JIM
Address: 408 WESTLAND STREET
City-St-Zip: PORTLAND, TN 37148

Title: D () Delete
Name: SULLIVAN, ROBERT
Address: ROUTE 1, BOX 119
City-St-Zip: MCALESTER, OK

Title: D () Delete
Name: REEDER, THOMAS
Address: 14453 GOLD OAK ROAD
City-St-Zip: CENTERVILLE, VA 20121

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: ROBERT L MORRIS

DIR

04/15/2009

Electronic Signature of Signing Officer or Director

Date