

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90082 016 \*\*\*\*62.00

DOCUMENT # 05000012411

1. Entity Name

LEGACY INITIATIVES, INC.



Principal Place of Business

90 NE 101 ST  
MIAMI SHORES FL 33138

Mailing Address

90 NE 101 ST  
MIAMI SHORES FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

20-4807231

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOLLOMAN, CECILIA E  
90 NE 101 ST  
MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

FILE NOW: FEE IS \$61.25  
Due By: May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME HOLLOMAN, CECILIA E  
STREET ADDRESS 90 NE 101 ST  
CITY- ST- ZIP MIAMI SHORES FL 33138

Delete

TITLE DT  
NAME SAWYER, NORMA J  
STREET ADDRESS 325 JULIA ST  
CITY- ST- ZIP KEY WEST FL 33040

Delete

TITLE DS  
NAME MCDONALD, YVONNE  
STREET ADDRESS 1579 GRAND AVENUE  
CITY- ST- ZIP MIAMI FL 33133

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cecilia S. Holloman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/06

Date

(305) 762-7941

Daytime Phone #