

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007660

FILED  
Mar 22, 2012  
Secretary of State

**Entity Name:** LEGACY BUILDER INSTITUTE, INC.

**Current Principal Place of Business:**

3214 BAYFLOWER AVE..  
HARMONY, FL 34773

**New Principal Place of Business:**

**Current Mailing Address:**

3214 BAYFLOWER AVE..  
HARMONY, FL 34773

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

FARNSWORTH, SCOTT M.  
3214 BAYFLOWER AVE.  
HARMONY, FL 34773    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: DP  
Name: FARNSWORTH, SCOTT M.  
Address: 3214 BAYFLOWER AVE.  
City-St-Zip: HARMONY, FL 34773

Title: D  
Name: FARNSWORTH, MARCIE  
Address: 3214 BAYFLOWER AVE.  
City-St-Zip: HARMONY, FL 34773

Title: D  
Name: GREENWAY, SHARON  
Address: 7903 HORSE FERRY RD.  
City-St-Zip: ORLANDO, FL 32835

I hereby 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 all other like empowered.

SIGNATURE: SCOTT M. FARNSWORTH

DP

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date