2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004463

Entity Name: LEGACY OF FAITH FOUNDATION, INC.

FILED Jan 28, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	NE TOWER L S, FL 33913	OOP					
Current Mailing Address:				New Mailing Address:			
	NE TOWER L S, FL 33913	00P					
FEI Number:	26-0170175	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desi	red ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Registered Agent	:
AARON A. FARMER, P.L. 999 VANDERBILT BEACH ROAD SUITE 606 NAPLES, FL 34102 US				TREESH, TED B 12622 GEMSTONE COURT FORT MYERS, FL 33913 US			
The above in the State		ubmits this statement for the po	urpose o	f changing i	ts registered o	office or registered agen	t, or both,
SIGNATURE: TED B. TREESH				01/28/2009			
	Electron	c Signature of Registered Age	nt			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS AND D	IRECTORS:
Title: Name: Address: City-St-Zip:	DP () BERNARD, JAN 12869 STONE T FT. MYERS, FL	OWER LOOP		Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	DV () FEATHERSTON 9740 SASSAFR ESTERO, FL 33	AS COURT		Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	JACOBS, WES	PRESERVE PLACE		Title: Name: Address: City-St-Zip:	D (X TREESH, TED 12622 GEMST FORT MYERS	ONE COURT	
Title: Name: Address: City-St-Zip:	DT () MITCHELL, DAL 9868 BLUE STO FT. MYERS, FL	NE CIRCLE		Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	D () FOWLER, ROB 7931 DENI DRIV N FT MYERS, F	/E		Title: Name: Address: City-St-Zip:	D (X HASTINGS, DA 9997 VIA SAN FORT MYERS	MARCO	
Title: Name: Address: City-St-Zip:	D () KIRSCHNER, TI 1002 COLUMBL LEHIGH ACRES	JS AVENUE		Title: Name: Address: City-St-Zip:	() Change()Addition	

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:
 TED B. TREESH
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 01/28/2009