## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2008 8:00 am Secretary of State

DOCU 1. Entity Nam LEGEND					04-23-2008	90042 011	****61.	25			
1 '	e of Business 51., STE. 208 L 34236	1991 MAIN S	Mailing Address 1991 MAIN ST., STE. 208 SARASOTA, FL 34236								
2 Datastant D	Name of Discission - No D.O. Cont. H	D Section Add	·	•							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						<b> </b>	H   11        1      1	LE   E   1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01092008	Chg-NP	CR2E03	7 (12/06)		
City & State		City & State				4. FEI Number		98	-	plied For t Applicable	
Zip	Country	Zip	Co	ountry			f Status Desired		8.75 Add	litional	
	6. Name and Address of Curren	it Registered Agent				7. Name and	Address of New				
RUBEN, WAYNE M.					Name J. Michael Hartenstine						
1991 MÀIN ST., STE. 208 SARASOTA, FL 34236					dress (P	'.O. Box Number	is Not Accepta	bie)			
	.,			200	0:	South	Orana	e Ave	nue		
				City SI	ara	sota	(	FL	Zip Code	36	
the obligat	named entity submits this statement tions of registered agent.	•		ered office or re	egistere	ed agent, or both	i, in the State of				
SIGNATURE	Sphature, typed or printed name of registered again		•	C HAVCT ered Agent signature				3// <sub>DATE</sub>	<u>8/08</u>	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Filling Fee is \$61.25 Due by May 1, 2008	nt and title if applicable.	•	ered Agent signature	e required v		FI FI	DATE  Make check lorida Depart	payable to	<b>0</b> , 4	
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	nt and title if applicable.  9. Ele Tri	(NOTE: Register ection Campaign ust Fund Contribu	ared Agent signature  Tinancing sution.	e required v	when reinstating) \$5.00 May Be	FI	Make check lorida Depart	payable to ment of Si	o, a ate 10	
	Filing Fee is \$61.25 Due by May 1, 2008	ent and title if applicable.  9. Ele Tri	(NOTE: Register ection Campaign ust Fund Contribu-	ared Agent signature  a Financing sution.	e required v	\$5.00 May Be Added to Fees	FI	Make check lorida Depart	payable to ment of S	o, 🚜	
-10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND C  DP  RIEHLE, MIKI 1991 MAIN ST., STE. 208	nt and title if applicable.  9. Ele Tri	(NOTE: Register ection Campaign ust Fund Contribu  11 Pelete TIT NAI STF CIT NAI STF	ared Agent signature  Financing ution.  L  TLE  AME FREET ADDRESS	e required v	\$5.00 May Be Added to Fees	FI	Make check lorida Depart	payable to ment of Si	o, 4 a <b>te</b>	
- 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	FIling Fee is \$61.25 Due by May 1, 2008  OFFICERS AND D  RIEHLE, MIKI 1991 MAIN ST., STE. 208 SARASOTA, FL 34236  DV GRIFFIE, TODD 1991 MAIN ST., STE. 208	9. Ele Tri DIRECTORS	(NOTE: Register ection Campaign ust Fund Contribu  11 Delete TIT NA STE CIT Oblete TIT NA STE CIT N	TILE AME	e required v	\$5.00 May Be Added to Fees	FI	Make check lorida Depart	payable to ment of Si ECTORS IN	tate  10  Addition	
- 10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND COMPANY 1, 2008  DP RIEHLE, MIKI 1991 MAIN ST., STE. 208 SARASOTA, FL 34236  DV GRIFFIE, TODD 1991 MAIN ST., STE. 208 SARASOTA, FL 34236  DTS RUBEN, RONNA S. 1991 MAIN ST., STE. 208	9. Ele Tri DIRECTORS	(NOTE: Register  ection Campaign ust Fund Contribu  11  Delete TIT NA  STF CIT  Delete TIT NA  STF CIT  Delete TIT NA  STF CIT NA  STF	TILE  AME THE ADDRESS TY-ST-ZIP TLE  AME TREET ADDRESS TIY-ST-ZIP TLE  AME TREET ADDRESS TIY-ST-ZIP TLE  AME TREET ADDRESS TIY-ST-ZIP TLE  AME TREET ADDRESS	e required v	\$5.00 May Be Added to Fees	FI	Make check lorida Depart	payable to ment of Si ECTORS IN Change	tate  10 Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Miki Riehle

MIKI RIEHLE

4/9/08

941.953.4500