

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 01, 2009  
Secretary of State**

DOCUMENT# N07000006333

Entity Name: LIBBY'S LEGACY BREAST CANCER FOUNDATION, INC.

**Current Principal Place of Business:**

1211 E. GORE ST.  
ORLANDO, FL 32806

**New Principal Place of Business:**

1718 S. ORANGE AVE  
ORLANDO, FL 32806

**Current Mailing Address:**

1211 E. GORE ST.  
ORLANDO, FL 32806

**New Mailing Address:**

P.O BOX 533837  
ORLANDO, FL 32853 US

FEI Number: 11-3812766      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MAYNARD, ROBIN P  
1211 E. GORE ST.  
ORLANDO, FL 32806 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: P ( ) Delete  
Name: MAYNARD, ROBIN P  
Address: 1211 E. GORE ST.  
City-St-Zip: ORLANDO, FL 32806

Title: VP ( ) Delete  
Name: BEHR, HEIDI VP  
Address: 1134 W. PRINCETON  
City-St-Zip: ORLANDO, FL 32804

Title: S ( ) Delete  
Name: HUMPHREY, TAMMY S  
Address: 711 E. CONCORD ST.  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: REYNOLDS, CATHERINE S  
Address: 4020 PELICAN LANE  
City-St-Zip: ORLANDO, FL 32803 US

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: ROBIN MAYNARD

P

07/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date