2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008
Secretary of State

DOCUMENT# N07000011350

Entity Name: LINDA'S LEGACY FOUNDATION,INC.

Current Principal Place of Business:

9 TURTLEBACK TRAIL
PONTE VEDRA BCH, FL 32082

New Principal Place of Business:

Current Mailing Address:

9 TURTLEBACK TRAIL
PONTE VEDRA BCH, FL 32082

New Mailing Address:

FEI Number: 33-1190388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

PAUL, MICHELLE
9 TURTLEBACK TRAIL
PONTE VEDRA BCH, FL 32082 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: PAUL, MICHELLE
Address: 9 TURTLEBACK TRAIL
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: S ( ) Delete
Name: JONES, TONI
Address: 9 TURTLEBACK TRAIL
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: T ( ) Delete
Name: NELSON, SUSAN K
Address: 9 TURTLEBACK TRAIL
City-St-Zip: PONTE VEDRA BCH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: SEYMOUR, CATHY
Address: 6946 LENCZYK DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: T (X) Change ( ) Addition
Name: NELSON, SUSAN K
Address: 404 BEACHSIDE PLACE
City-St-Zip: AMELIA ISLAND, FL 32034

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: MICHELLE PAUL P 07/14/2008

Electronic Signature of Signing Officer or Director — Date