2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001415

FILED Feb 23, 2009 Secretary of State

Entity Name: LEGACY CHRISTIAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 901 WEST BEACON ROAD LAKELAND, FL 33803 **Current Mailing Address: New Mailing Address:** 901 WEST BEACON ROAD LAKELAND, FL 33803 FEI Number: 36-4624115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRICE, LLOYD A 2841 ELIZABETH PLACE LAKELAND, FL 338124024 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FENNELL, JAMES STINE, TIM Name: Name: 5243 NICHOLS DRIVE W Address: 5015 TERRY LANE Address: City-St-Zip: LAKELAND, FL 33812 City-St-Zip: LAKELAND, FL 33813 Title: Title: () Delete () Change () Addition HARGRAVE, SHANE Name: Name: Address: 225 SEVEN OAKS DRIVE Address: City-St-Zip: MULBERRY, FL 33860 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCGAFFIGAN, ANDREW Name: MCGAFFIGAN, ANDREW Name: 6243 FORESTWOOD DR E Address: Address: 6243 FORESTWOOD DR E City-St-Zip: LAKELAND, FL 33811 City-St-Zip: LAKELAND, FL 33811 () Change () Addition Title: () Delete Title: PATE, THOMAS Name: Name: 964 SUMMERFIELD DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: () Delete Title: () Change () Addition PRICE, LLOYD Name: Name: 2841 ELIZABETH PLACE Address: Address: City-St-Zip: LAKELAND, FL 33812 City-St-Zip: Title: () Delete Title: () Change () Addition RAWLINGS, KENDAL Name: Name: Address: 3921 WATER OAK DRIVE Address: LAKELAND, FL 33810 City-St-Zip: City-St-Zip:

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: LLOYD PRICE S 02/23/2009