

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001415

FILED  
Jan 11, 2010  
Secretary of State

**Entity Name:** LEGACY CHRISTIAN CHURCH, INC.

**Current Principal Place of Business:**

901 WEST BEACON ROAD  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

901 WEST BEACON ROAD  
LAKELAND, FL 33803

**New Mailing Address:**

**FEI Number:** 36-4624115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRICE, LLOYD A  
2841 ELIZABETH PLACE  
LAKELAND, FL 338124024 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: C  
Name: MOORE, JIM  
Address: 1733 SIR HENRY'S TRAIL  
City-St-Zip: LAKELAND, FL 33809

Title: D  
Name: HARGRAVE, SHANE  
Address: 225 SEVEN OAKS DRIVE  
City-St-Zip: MULBERRY, FL 33860

Title: V  
Name: STINE, TIM  
Address: 5015 TERRY LANE  
City-St-Zip: LAKELAND, FL 33813

Title: D  
Name: ANDERSON, DAVID  
Address: P.O. BOX 130  
City-St-Zip: KATHLEEN, FL 33849

Title: S  
Name: PRICE, LLOYD  
Address: 2841 ELIZABETH PLACE  
City-St-Zip: LAKELAND, FL 33812

Title: T  
Name: RAWLINGS, KENDAL  
Address: 3921 WATER OAK DRIVE  
City-St-Zip: LAKELAND, FL 33810

I hereby 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 all other like empowered.

SIGNATURE: LLOYD PRICE

S

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date