## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000006396

FILED Jan 13, 2009 Secretary of State

Entity Name: LEGACY GROUP ECONOMIC DEVELOPMENT CORPORATION

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
:06 N. MA .AKE PLA	IN AVE CID, FL 33852				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
206 N. MAIN AVE LAKE PLACID, FL 33852		PO BOX 2680 LAKE PLACID, FL 33862			
El Number:	26-2816587	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
lame and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
:06 N. MÁ	GREGORY IN AVE CID, FL 33852	US			
06 N. MÁ AKE PLA he above	IN AVE CID, FL 33852		purpose of changing its registere	ed office or registered agent, or both,	
06 N. MÁ AKE PLA he above	IN AVE CID, FL 33852 named entity s e of Florida.		purpose of changing its registere	ed office or registered agent, or both,	
:06 N. MÁ :AKE PLA The above n the State	IN AVE CID, FL 33852 named entity set of Florida.  RE:			ed office or registered agent, or both,  Date	
206 N. MÅ AKE PLA The above In the State	IN AVE CID, FL 33852 named entity set of Florida.  RE:	ubmits this statement for the control of the control of Registered Ag	ent		
206 N. MÅ AKE PLA The above In the State	IN AVE CID, FL 33852  named entity set of Florida.  RE:  Electronics  S AND DIRECT	ubmits this statement for the control of the control of Registered Agronal of Registered	ent	Date	
06 N. MÅ AKE PLA The above In the State SIGNATUF  DFFICERS  ittle: ame: ddress:	IN AVE CID, FL 33852  named entity see of Florida.  RE:  Electroni  S AND DIRECT  PD ()  ARNONE, GREG 206 N. MAIN AV  LAKE PLACID, F	ubmits this statement for the control of the control of Registered Agronal of Registered	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS	

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: GREGORY ARNONE PD 01/13/2009