2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007473

Entity Name: LEGACY RESCUE FOUNDATION INC

FILED May 19, 2009 Secretary of State

	mer EEG/ACT NEGGGET GGNB/ATION ING.			
Current Principal Place of Business:		New Prince	New Principal Place of Business:	
2250 28TH AVE S.E. NAPLES, FL 34117			2290 28TH AVE S.E. NAPLES, FL 34117	
Current Mailing Address:		New Maili	New Mailing Address:	
2250 28TH AVE S.E. NAPLES, FL 34117			2290 28TH AVE S.E. NAPLES, FL 34117	
In accordan	nce with s. 607.193(2)(b), F.S., the corporation did not recei	·-	e.	
Name and	d Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
CIANCAGLINI, TINA M 2250 28TH AVE. S.E. NAPLES, FL 34117 US		2290 28TH	CIANCAGLINI, TINA M 2290 28TH AVE. S.E. NAPLES, FL 34117 US	
	e named entity submits this statement for the purpose of Florida.	se of changing	its registered office or registered agent, or both,	
SIGNATURE:			05/19/2009	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete CIANCAGLINI, TINA M 2250 28TH AVE. S.E. NAPLES, FL 34117 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition KING, JANELLE 3020 ARECA AVE NAPLES, FL 34112 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition KALLMAN, RITA 9143 SPANISH MOSS WAY BONITA SPRINGS, FL 34135 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition STIRLING, RUTH 2434 GOLDENGATE BLVD. W. NAPLES, FL 34120 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition KNECHTEL, LAURA 3464 14TH AVE. S.E. NAPLES, FL 34117 US	
Title: Name: Address:	() Delete	Title: Name: Address:	D () Change (X) Addition MARTONOSY, JOESPH 785 95TH AVE N.	

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.

City-St-Zip:

NAPLES, FL 34108 US

SIGNATURE: TINA CIANCAGLINI P 05/19/2009

City-St-Zip: