

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009744

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** LEGACY SPORTS AND LIFE SKILLS CORPORATION

**Current Principal Place of Business:**

3060 RIO PALMA N  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

565-C JACKSON AVE  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

3060 RIO PALMA N  
INDIALANTIC, FL 32903

**New Mailing Address:**

565-C JACKSON AVE  
SATELLITE BEACH, FL 32937

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

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

JAG CONSULTING COMPANY LLC  
565-C JACKSON AVE  
SATELLITE BEACH, FL 32937      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:                      DIR                      ( ) Delete  
Name:                      BOLLINGER, DONNA  
Address:                      3060 RIO PALMA N  
City-St-Zip:                      INDIALANTIC, FL 32903

Title:                      DIR                      ( ) Delete  
Name:                      GRUTTA, JOSEPH  
Address:                      565-C JACKSON AVE  
City-St-Zip:                      SATELLITE BEACH, FL 32937

Title:                      DIR                      ( ) Delete  
Name:                      ZIADE, VANESSA  
Address:                      225 FIRST AVE  
City-St-Zip:                      INDIALANTIC, FL 32903

Title:                      ( ) Delete  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

Title:                      ( ) Delete  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title:                      DIR                      (X) Change ( ) Addition  
Name:                      HOUSTON, DAVID L  
Address:                      PO BOX 167  
City-St-Zip:                      CAPE CANAVERAL, FL 32920

Title:                      DIR                      ( ) Change (X) Addition  
Name:                      OGDEN, KENNETH R  
Address:                      503 N RIVER OAKS DRIVE  
City-St-Zip:                      INDIALANTIC, FL 32903

Title:                      DIR                      ( ) Change (X) Addition  
Name:                      DICKINSON, JENNIFER  
Address:                      30 BOGART PLACE  
City-St-Zip:                      MERRITT ISLAND, FL 32953

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: JOSEPH A GRUTTA

DIR

04/30/2009

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

\_\_\_\_\_  
Date