2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2012
Secretary of State

DOCUMENT# N10000011721

Entity Name: THE LAGNIAPPE LEGACY FOUNDATION INCORPORATED

Current Principal Place of Business:

701 SOUTH HOWARD AVENUE
106-123
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

701 SOUTH HOWARD AVENUE
106-123
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 27-4337587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEMISON BARNES, KAYE
701 SOUTH HOWARD AVENUE
106-123
TAMPA, FL 33606 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: CEO
Name: JEMISON BARNES, KAYE
Address: 701 SOUTH HOWARD AVENUE STE 106-123
City-St-Zip: TAMPA, FL 33606 US

Title: C
Name: BARNES, JEFFREY
Address: 701 SOUTH HOWARD AVENUE STE 106-123
City-St-Zip: TAMPA, FL 33606 US

Title: D
Name: BARNES, RHONDA
Address: 1123 HYDRANGEA CIRCLE NW
City-St-Zip: CONCORD, NC 28027 US

Title: D
Name: VARGAS, GASTON
Address: 615 OVERLOOK DRIVE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: D
Name: VARGAS, MITSIE DVM
Address: 615 OVERLOOK DRIVE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: D
Name: JEMISON, G.H.W.
Address: 3271 SHERMAN RIDGE DR. SW
City-St-Zip: MARIETTA, GA 30064

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: KAYE JEMISON BARNES CEO 04/29/2012

Electronic Signature of Signing Officer or Director — Date