

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38554

FILED
Jan 26, 2006
Secretary of State

Entity Name: LIFELINK LEGACY FUND, INC.

Current Principal Place of Business:

409 BAYSHORE BLVD
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

2909 BAY TO BAY BLVD
SUITE 309
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-3040982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNAMARA, THOMAS P
2909 BAY TO BAY BLVD
STE 309
TAMPA, FL 33629 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: P,D () Delete
Name: FREE, HARRY J MD
Address: 435 COUNTRY CLUB RD
City-St-Zip: BELLEAIR, FL 33756

Title: S,T () Delete
Name: PARRISH, ANGELA CFA,CPA
Address: 311 W HANLON STREET
City-St-Zip: TAMPA, FL 33604

Title: VP,D () Delete
Name: BALLINGER, TANYA L CIC
Address: 4600 WEST CYPRESS ST
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: JONES, LARRY F
Address: 2930 TAMBAY AVE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: SINGER, GILBERT J.D.
Address: 3406 MULLEN AVE
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: ARMSTRONG, E D III
Address: 1614 SANTA BARBARA DR
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HARRY J. FREE, M.D.

P

01/26/2006

Electronic Signature of Signing Officer or Director

Date