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Feb 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001395 (1)

1. Corporation Name

FLORIDA'S LEGACY, INC.



Principal Place of Business

Mailing Address

8300 WEST S.R. 46
SANFORD FL 32271
US

8300 WEST S.R. 46
SANFORD FL 32271-9280
US

3. Date Incorporated or Qualified
03/22/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 31409 Prestwick Ave

26 31409 Prestwick Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Sorrento FL

27

City & State

City & State

23 32776 LAKE

28 32776 LAKE

Zip

Country

Zip

Country

24 32776

25 LAKE

29 32776

30 LAKE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMALL, CHRISTINE
8300 WEST STATE RD. 46
SANFORD FL 32271

81 Name

CHRISTINE SMALL

82 Street Address (P.O. Box Number is Not Acceptable)

31409 PRESTWICK AVE

83

84 City

Sorrento

FL

85 Zip Code

32776

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 21 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SMALL, CHRISTINE
8300 WEST STATE RD 98
SANFORD FL 32271

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
31409 PRESTWICK AVE
SORRENTO, FL 32776-9264

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUTLER, MARSHA
7828 CARR RD.
ORLANDO FL 32810

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
MARSHA BUTLER
PO BOX 607652
ORLANDO, FL 32860-7562

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
D
BALDWIN, JERI
6411 NE 217TH PLACE
CITRA FL 32113

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Jeri Baldwin
PO BOX 533
CITRA FL 32113

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

1/21/97

CR2E037 (9/96)