

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002372 (7)**

1. Corporation Name

THE FAMILY LEGACY INSTITUTE, INC.

Principal Place of Business

**1155 LOUISIANA AVE STE 100
WINTER PARK FL 32789**

Mailing Address

**1155 LOUISIANA AVE STE 100
WINTER PARK FL 32789**



3. Date Incorporated or Qualified

04/25/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

WHEELER, KENNETH B.

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

1155 Louisiana Avenue, Suite 100

83

84 City

Winter Park

FL

85 Zip Code

32789

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 617.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WHEELER, KENNETH B	
STREET ADDRESS	1155 LOUISIANA AVE STE 100	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE	D	<input type="checkbox"/> DELETE
NAME	STONE, RIC	
STREET ADDRESS	P O BOX 941551	
CITY-ST-ZIP	MAITLAND FL 32704	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MURPHY, ANDY	
STREET ADDRESS	121 ACORN DR	
CITY-ST-ZIP	BOULDER CREEK CA 95008	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRINGTON, JULIE	
STREET ADDRESS	636 SAND PIPER LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WORTHINGTON, DAN	
STREET ADDRESS	12424 RESEARCH PKWY #130	
CITY-ST-ZIP	ORLANDO FL 32826	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BEE, LINDA K.	
1.3 STREET ADDRESS	1155 LOUISIANA AVE STE 200	
1.4 CITY-ST-ZIP	WINTER PARK FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1155 Louisiana Ave. Ste 107	
2.4 CITY-ST-ZIP	Winter Park, FL 32789	

3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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] **2/11/98 (407) 645-1779**

CR2E037 (10/97)