

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

DOCUMENT # P04000141305

1. Entity Name
LEGACY MENTORING, INC.



04-07-2008 90213 001 ***150.00
04-07-2008 90213 002 ****35.00

Principal Place of Business
80 S. WATCHTOWER LANE
P.O. BOX 613618
WATERSOUND, FL 32461

Mailing Address
80 S. WATCHTOWER LANE
P.O. BOX 613618
WATERSOUND, FL 32461

66006047



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03252008 Chg-P CR2E034 (12/06)

City & State
Zip Country

4. FEI Number
20-1817317
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Capitol Corporate Services, Inc.
155 Office Plaza Dr.
Suite A
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name WILLIAM O. GOODWIN
Street Address (P.O. Box Number is Not Acceptable)
80 S. WATCHTOWER LANE
WATERSOUND BRANCH,
City FL Zip Code 32413

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE WILLIAM O. GOODWIN PRES. 4-3-08
Signature, typed or printed name of registered agent and title if applicable. (Typed or printed name of registered agent and title required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
RUSHING, MARY H
2850 RIDGEWOOD ROAD NW
ATLANTA, GA 30327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
GOODWIN, WILLIAM O
80 S. WATCHTOWER LANE, P.O. BOX 613618
WATERSOUND, FL 32461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM O. GOODWIN
Signature, typed or printed name of signing officer or director

3-31-08 850 231-9129
Date Daytime Phone #