

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008727

**Entity Name:** FOUR GOLF LEGENDS, INC.

**Current Principal Place of Business:**

8761 56TH STREET #291125  
TEMPLE TERRACE, FL 33675

**Current Mailing Address:**

8761 56TH STREET #291125  
TEMPLE TERRACE, FL 33617 US

**FEI Number:** 30-0750210

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROBERTS, DERLYN  
8761 56TH STREET  
#291125  
TEMPLE TERRACE, FL 33617 US

*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

**Officer/Director Detail :**

Title P  
Name SEVALIA, ROY  
Address 8761 56TH STREET #291125  
City-State-Zip: TEMPLE TERRACE FL 33617

Title VP  
Name MILLER, RICHARD  
Address 8761 56TH STREET #291125  
City-State-Zip: TEMPLE TERRACE FL 33617

Title T  
Name ROBERTS, DERLYN  
Address 8761 56TH STREET #291125  
City-State-Zip: TEMPLE TERRACE FL 33617

Title S  
Name CREWS, LEON  
Address 8761 56TH STREET #291125  
City-State-Zip: TEMPLE TERRACE FL 33617

Title D  
Name LOWE, DIALARY  
Address 8761 56TH STREET #291125  
City-State-Zip: TEMPLE TERRACE FL 33617

*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:** DERLYN ROBERTS

**TREASURER**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date