

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000010161

Entity Name: ST. MICHAEL'S LEGIONE INC.**Current Principal Place of Business:**1255 FLORIDA AVE
UNIT F
ROCKLEDGE, FL 32955**Current Mailing Address:**1255 FLORIDA AVE
UNIT F
ROCKLEDGE , FL 32955 US**FEI Number:** 82-3209675**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCURDY, CHAD R
1255 FLORIDA AVE
UNIT F
ROCKLEDGE, FL 32955 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	PRESIDENT
Name	CARUSO, ANTHONY
Address	8992 STORMY SKY CT
City-State-Zip:	MELBOURNE FL 32940

Title	SD
Name	MCCURDY, CHAD
Address	2061 BRIDGEPORT CIR
City-State-Zip:	ROCKLEDGE FL 32955

Title	CEO
Name	MCCURDY, CHAD
Address	2061 BRIDGEPORT CIR
City-State-Zip:	ROCKLEDGE FL 32955

Title	TR
Name	COMERFORD, MICHAEL
Address	2845 W KING ST STE 204
City-State-Zip:	COCOA FL 32926

Title	TR
Name	PORTILLO, ORLANDO
Address	2845 W KING ST STE 204
City-State-Zip:	COCOA FL 32927

Title	TR
Name	FORTE, LOUIS
Address	2845 W KING ST STE 204
City-State-Zip:	COCOA FL 32927

Title	TR
Name	LANIER, LARRY
Address	2845 W KING ST STE 204
City-State-Zip:	COCOA FL 32927

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: CHAD MCCURDY

CEO

01/30/2025

Electronic Signature of Signing Officer/Director Detail_____
Date