

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000010694

**Entity Name:** ALETHA'S LEGACY INC.**Current Principal Place of Business:**124 ELM AVE SE  
G  
FORT WALTON BEACH, FL 32548**Current Mailing Address:**P.O BOX 1824  
DESTIN, FL 32540 US**FEI Number:** 84-2829402**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRIS, ZHALMAN A  
124 ELM AVE SE  
G  
DESTIN, FL 32548 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	HARRIS, ZHALMAN A
Address	124 ELM AVE SE
City-State-Zip:	FORT WALTON BEACH FL 32548

Title	VP
Name	MONIZ, DION
Address	6310 AUGUSTA COVE
City-State-Zip:	DESTIN FL 32541

Title	TRES
Name	BOWEN, JOHN
Address	1100 HWY 98 E B802
City-State-Zip:	DESTIN FL 32541

Title	DIR
Name	NOBLIN, NIKI
Address	501 GULF SHORE DRIVE #2
City-State-Zip:	DESTIN FL 32541

Title	DIR
Name	SOLOMON, CHRISTINE
Address	1100 US 98 E
City-State-Zip:	DESTIN FL 32541

Title	DIR
Name	SINGLETON, KAREN
Address	P.O. BOX 9315
City-State-Zip:	MIRAMAR BEACH FL 32550

*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:** JOHN BOWEN

TREASURY

02/17/2020

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