

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000007167

**FILED**  
**May 29, 2015**  
**Secretary of State**  
**CC6299917051**

**Entity Name:** THE 100 HALL OF FAME LEGACY FOUNDATION, INC.

**Current Principal Place of Business:**

1503 COLEMAN STREET  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

1503 COLEMAN STREET  
TALLAHASSEE, FL 32312 US

**FEI Number: 46-3400213**

**Certificate of Status Desired: No**

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

JACOBS, ENNIS LEON JR  
45 MOSE GAVIN LANE  
CRAWFORDVILLE, FL 32327 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 D  
Name MASON, VERONICA  
Address 834 RIVERSIDE DR  
City-State-Zip: NEW YORK NY 10032-5432

Title D  
Name SHELTON, CHERYL F  
Address 405 RADIX RD  
City-State-Zip: WILLIAMSTOWN NJ 08094

Title D  
Name JACOBS, ENNIS  
Address P O BOX 1101  
City-State-Zip: TALLAHASSEE FL 32314

Title PRESIDENT/DIRECTOR  
Name HANNA, KENNETH E  
Address 1503 COLEMAN STREET  
City-State-Zip: TALLAHASSEE FL 32312

Title VICE PRESIDENT/DIRECTOR  
Name BUSH, MICHAEL  
Address 529 SIMONTON OAK LANE  
City-State-Zip: LAWRENCEVILL GA 30045

Title PRESIDENT/DIRECTOR  
Name HANNA, KENNETH E  
Address 1503 COLEMAN STREET  
City-State-Zip: TALLAHASSEE FL 32312

Title VICE PRESIDENT/DIRECTOR  
Name BUSH, MICHAEL  
Address 529 SIMONTON OAK LANE  
City-State-Zip: LAWRENCEVILL GA 30045

Title TREASURER/DIRECTOR  
Name JACKSON, CASANOVA P  
Address 1302 COLEMAN STREET  
City-State-Zip: TALLAHASSEE FL 32312

*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: ENNIS LEON JACOBS, JR.**

**DIRECTOR**

**05/29/2015**

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

\_\_\_\_\_  
Date