

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000007167

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

Current Principal Place of Business:

1503 COLEMAN STREET
TALLAHASSEE, FL 32312

Current Mailing Address:

POST OFFICE BOX 5763
TALLAHASSEE, FL 32314 US

FEI Number: 81-3398747

Certificate of Status Desired: Yes

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

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

Title TREASURER/D
Name ZACKERY, PAMELA C
Address 8367 GLENDALIN ROAD
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR
Name WILCOX, JESSE
Address 5723 LIPPIA COURT
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name CAREY, JOHN C
Address 18723 SW 92ND AVENUE
City-State-Zip: CUTLER BAY FL 33157

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.

**REGISTERED
AGENT/DIRECTOR**

02/05/2019

Electronic Signature of Signing Officer/Director Detail

Date