

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000003762

Entity Name: LEGACY EVENTS FOR EDUCATION, INC.**Current Principal Place of Business:**8103 LAUGHING GULL ST
WINTER GARDEN, FL 34787**Current Mailing Address:**14422 SHORESIDE WAY - STE. 110 PMB 219
WINTER GARDEN, FL 34787 US**FEI Number:** 83-1755614**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TERRY, DAVID A
8103 LAUGHING GULL ST
WINTER GARDEN, FL 34787 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:** DAVID A. TERRY

02/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VD
Name BELL, JR., WILLIAM
Address 14111 LARKSPUR LAKE DR
City-State-Zip: WINTER GARDENS FL 34787

Title TD
Name HUNT, SCOTT
Address 2915 SIENNA CT
City-State-Zip: KISSIMMEE FL 34744

Title P/CEO/D
Name TERRY, DAVID
Address 8103 LAUGHING GULL ST
City-State-Zip: WINTER GARDEN FL 34787

Title D
Name BOYD, SCOTT
Address 17801 CHAMPAGNE DR
City-State-Zip: WINTER GARDEN FL 34787

Title D
Name EASTERLING, HEATHER
Address 5305 DENVER RD
City-State-Zip: ORLANDO FL 32812

Title D
Name STEINHAUER, RALEIGH
Address 15418 SWEET ORANGE AVE
City-State-Zip: WINTER GARDEN FL 34787

Title SECRETARY
Name VILLEGAS, JESSICA
Address 15154 DRIFTWOOD BEND ST.
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR
Name TILL, SHANNON
Address 14422 SHORESIDE WAY - STE. 110
PMB 219
City-State-Zip: WINTER GARDEN FL 34787

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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: DAVID A TERRY

PRESIDENT

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	FORGES, LOU
Address	112 S BLUFORD AVE
City-State-Zip:	OCOEE FL 34761