## 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N13000006518

FILED Oct 01, 2014 Secretary of State

Entity Name: LEGACY ACADEMY DUVAL, INC.

Current Principal Place of Business: New Principal Place of Business:

609 GRAND PARKE DR FRUIT COVE, FL 32259 US

Current Mailing Address: New Mailing Address:

609 GRAND PARKE DR FRUIT COVE, FL 32259 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GROSS ARNOLD, MELISSA 6279 DUPONT STATION CT JACKSONVILLE, FL 32217 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: MELISSA GROSS-ARNOLD

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRES

 Name:
 POTTER, LORI

 Address:
 609 GRAND PARKE DR

 City-St-Zip:
 FRUIT COVE, FL 32259 US

Title: VP

 Name:
 STANSBURY, STEVEN

 Address:
 13829 SOFT WIND TRAIL N

 City-St-Zip:
 JACKSONVILLE, FL 32244 US

Title: S

 Name:
 STEVENSON, KARIE

 Address:
 1825 FOREST GLEN WAY

 City-St-Zip:
 ST AUGUSTINE, FL 32092 US

Title: T

Name: MANNING, TYLER
Address: 3535 VALVERDE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32224

Title:

Name: THOMAS, KATHLEEN DR.
Address: 2331 OCEANFOREST DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D

 Name:
 BRIDEGAN, JUSTIN

 Address:
 1532 SUMMERDOWN WAY

 City-St-Zip:
 JACKSONVILLE, FL 32259

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: LORI C. POTTER PRES 10/01/2014