# **2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005376

Entity Name: LEGACY SPORTS ACADEMY, INC.

FILED
May 01, 2018
Secretary of State
CC8593750535

# **Current Principal Place of Business:**

4117 SW 20TH STREET #222 GAINESVILLE. FL 32607

# **Current Mailing Address:**

POST OFFICE BOX 141656 GAINESVILLE, FL 32614-1656

FEI Number: 26-4227033 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

BENJAMIN, BASIL 4117 SW 20TH STREET #222 GAINESVILLE, FL 32607 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 Title

Name BENJAMIN, BASIL Name CHUNG, NATALIE

Address 4117 SW 20TH STREET #222 Address 813 SW 115TH STREET

City-State-Zip: GAINESVILLE FL 32607 City-State-Zip: GAINESVILLE FL 32607

Title D

Name FEASTERS, CHRISTINE

Address 8480 NW 20TH ST.

City-State-Zip: MCINTOSH FL 32664

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: BASIL BENJAMIN

**REGISTERED AGENT** 

05/01/2018

Electronic Signature of Signing Officer/Director Detail

Date