

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009960

**Entity Name:** LEGACY SCHOOL OF PERFORMING ARTS TRAINING  
INSTITUTE, INC**FILED**  
**Apr 29, 2021**  
**Secretary of State**  
**8316015848CC****Current Principal Place of Business:**105 NORTH MADISON STREET  
QUINCY, FL 32351**Current Mailing Address:**105 NORTH MADISON STREET  
QUINCY, FL 32351**FEI Number: 46-5715666****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JAMISON-RICHARDSON, RASHEEN  
260 SPARKLEBERRY BLVD  
QUINCY, FL 32351 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: RASHEEN JAMISON-RICHARDSON****04/29/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	JAMISON-RICHARDSON, RASHEEN
Address	260 SPARKLEBERRY BLVD
City-State-Zip:	QUINCY FL 32351

Title	TRE
Name	COX, JUANITA
Address	10 EGF & A DRIVE
City-State-Zip:	QUINCY FL 32351

Title	SEC
Name	JONES, CORTNEY
Address	105 PENTECOSTAL AVENUE
City-State-Zip:	QUINCY FL 32351

Title	VP
Name	RICHARDSON , BRIAN
Address	260 SPARKLEBERRY BLVD
City-State-Zip:	QUINCY FL 32351

*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: RASHEEN JAMISON-RICHARDSON****PRESIDENT****04/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date