

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000006329

Entity Name: LEGACY SCHOLARSHIP FOUNDATION INC.**Current Principal Place of Business:**401 SW BUNKER ST
MADISON, FL 32340**Current Mailing Address:**401 SW BUNKER ST
MADISON, FL 32340 US**FEI Number:** 82-1945132**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOLOMON, JESSE W
401 SW BUNKER ST
MADISON, FL 32340 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	P
Name	SOLOMON, JESSE W
Address	401 SW BUNKER ST
City-State-Zip:	MADISON FL 32340

Title	D
Name	SOLOMON, JESSE
Address	401 SW BUNKER ST
City-State-Zip:	MADISON FL 32340

Title	SEC
Name	JACKSON, CHARLIE
Address	295 SW ALLANDALE TRAIL
City-State-Zip:	MADISON FL 32340

Title	D
Name	JACKSON, CHARLIE
Address	295 SW ALLANDALE TRAIL
City-State-Zip:	MADISON FL 32340

Title	T
Name	MITCHELL, MICHAEL
Address	207 NE DAVID AVE
City-State-Zip:	MADISON FL 32340

Title	D
Name	MITCHELL, MICHAEL
Address	207 NE DAVID AVE
City-State-Zip:	MADISON FL 32340

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: JESSE WILLIAM SOLOMON

PRESIDENT

01/18/2020

Electronic Signature of Signing Officer/Director Detail_____
Date