

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000001311

**FILED**  
**Feb 07, 2024**  
**Secretary of State**  
**1965283904CC**

**Entity Name:** LEGACY MINISTRIES INTERNATIONAL INC

**Current Principal Place of Business:**

5518 NIGHT OWL TERRACE  
PALMETTO, FL 34221

**Current Mailing Address:**

PO BOX 110452 LAKEWOOD RANCH  
LAKEWOOD RANCH, FL 34211 US

**FEI Number:** 92-1569936

**Certificate of Status Desired:** Yes

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

SPENCER, CHAD M  
5518 NIGHT OWL TERR  
PALMETTO, FL 34221 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 SPENCER, CHAD M  
Address 5518 NIGHT OWL TERR  
City-State-Zip: PALMETTO FL 34221

Title T  
Name CLUR, GREGORY  
Address 1845 SAN MARCO ROAD  
City-State-Zip: MARCO ISLAND FL 34145

Title VP  
Name KOSHY, STEVLEY  
Address 24770 STOWBRIDGE DR  
6201  
City-State-Zip: PORTER TX 77365

Title MGR  
Name MOSS, SAMUEL  
Address 1255 COLLEGE AVE  
City-State-Zip: ELMIRA NY 14901

Title SECRETARY  
Name BUCHALTER, WILLIAM  
Address 3272 S.E COURT DR  
City-State-Zip: STUART FL 34997

*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: CHAD SPENCER**

**PRESIDENT**

**02/07/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date