

**2015 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F06000007084

**FILED  
Jul 02, 2015  
Secretary of State  
CC1031286202**

**Entity Name:** LEGACY ASSURANCE PLAN OF AMERICA, INC.

**Current Principal Place of Business:**

8039 COOPER CREEK BLVD  
SUITE 502  
UNIVERSITY PARK, FL 34201

**Current Mailing Address:**

PO BOX 50307  
SARASOTA, FL 34232-9809 US

**FEI Number: 35-1817511**

**Certificate of Status Desired: No**

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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            SECRETARY  
Name            BOYLES, JAMES K  
Address        8039 COOPER CREEK BLVD  
                  SUITE 502  
City-State-Zip: UNIVERSITY PARK FL 34201

Title            PRESIDENT  
Name            BOYLES, JAMES K  
Address        8039 COOPER CREEK BLVD  
                  SUITE 502  
City-State-Zip: UNIVERSITY PARK FL 34201

Title            VP  
Name            BOYLES, JAMES K  
Address        8039 COOPER CREEK BLVD  
                  SUITE 502  
City-State-Zip: UNIVERSITY PARK FL 34201

Title            DIRECTOR  
Name            BOYLES, JAMES K  
Address        8039 COOPER CREEK BLVD  
                  SUITE 502  
City-State-Zip: UNIVERSITY PARK FL 34201

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES K BOYLES**

**SECRETARY**

**07/02/2015**

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

\_\_\_\_\_  
Date