

**2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N21000000356

**Entity Name:** LEGACY CENTER ACADEMY INC

**Current Principal Place of Business:**

1800 PEMBROOK DRIVE  
SUITE 300  
ORLANDO, FL 32810

**Current Mailing Address:**

2125 2ND ST NE  
WINTER HAVEN, FL 33881 US

**FEI Number: 86-1382337**

**Certificate of Status Desired:** No

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

WILLIAMS, LAQUNNA  
1800 PEMBROOK DRIVE  
SUITE 500  
ORLANDO, FL 32810 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:** LAQUNNA WILLIAMS

11/18/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            WILLIAMS, LAQUNNA  
Address        1800 PEMBROOK DRIVE  
                 SUITE 300  
City-State-Zip: ORLANDO FL 32810

Title            VP  
Name            WILLIAMS, TREI  
Address        1800 PEMBROOK DRIVE  
                 SUITE 300  
City-State-Zip: ORLANDO FL 32810

Title            OFFICER  
Name            WILLIAMS, JOSIAH  
Address        1800 PEMBROOK DRIVE  
                 SUITE 300  
City-State-Zip: ORLANDO FL 33810

Title            OFFICER  
Name            BELFON, LYNDEN  
Address        1800 PEMBROOK DRIVE  
                 SUITE 300  
City-State-Zip: ORLANDO FL 32810

Title            OFFICER  
Name            ORTIZ, LASHAWNDA  
Address        1800 PEMBROOK DRIVE  
                 SUITE 300  
City-State-Zip: ORLANDO FL 32810

Title            SECRETARY, TREASURER  
Name            BECKETT , MERCEDES  
Address        1800 PEMBROOK DRIVE  
                 SUITE 300  
City-State-Zip: ORLANDO FL 32810

*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:** LAQUNNA WILLIAMS

**PRESIDENT**

11/18/2021

Electronic Signature of Signing Officer/Director Detail

Date