

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000000386

**Entity Name:** LEGACYS ADULT LEARNING CENTER INC

**Current Principal Place of Business:**

2185 GLENLOCK DRIVE  
DELTONA, FL 32725

**Current Mailing Address:**

2185 GLENLOCK DRIVE  
DELTONA, FL 32725

**FEI Number: 85-3062804**

**Certificate of Status Desired: No**

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

HAYNES, SANDRA K  
2185 GLENLOCK DRIVE  
DELTONA, FL 32725 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	Title	VP
Name	HAYNES, SANDRA K	Name	HAYNES, TABITHA T
Address	2185 GLENLOCK DRIVE	Address	2185 GLENLOCK DRIVE
City-State-Zip:	DELTONA FL 32725	City-State-Zip:	DELTONA FL 32725
Title	ETC.	Title	ETC
Name	HAYNES, EZRA R	Name	HAYNES, JOSHUA C
Address	5216 CLUBSIDE DRIVE	Address	4900 SOLARA CIRCLE APARTMENT 2063
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	SANFORD FL 32771

*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: SANDRA KAY HAYNES**

**PRESIDENT**

**04/29/2023**

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

\_\_\_\_\_  
Date