

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90147 023 ****70.00

40068144



04192006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3787109

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATRICIA LEBOW, P.A.
% BROAD AND CASSEL
ONE NORTH CLEMATIS STREET, SUITE 500
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name **Charles F. Schmidt**
Street Address (P.O. Box Number is Not Acceptable)
3450 S. Ocean Drive - Suite 728
City **Palm Beach** FL **33480**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles F. Schmidt

Charles F. Schmidt

4-24-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to -
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SCHMIDT, CHARLES F	
STREET ADDRESS	3450 SOUTH OCEAN DRIVE #728	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, DONALD J	
STREET ADDRESS	3450 SOUTH OCEAN DRIVE #728	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHRAFFT, JUDITH W	
STREET ADDRESS	3450 SOUTH OCEAN DRIVE #728	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLUGE MANN, YOLANDA	
STREET ADDRESS	1617 NO. FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANN, JONATHAN	
STREET ADDRESS	1617 NO. FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICH, FLORENCE	
STREET ADDRESS	228 MALVERNE ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33408	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles F. Schmidt

4-24-06

(561) 252-3161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT 40068122

Division of Corporations

Annual Report

Annual Report Help

Document Number

N04000010230

Business Entity Name

OURLEGACYFOUNDATION INC.

FEI Number

593787109

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

☒ Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes

No

Principal Place of Business

Address

3450 SOUTH OCEAN DRIVE

Suite, Apt. #, etc.

SUITE 728

City, State

PALM BEACH

, FL

Zip Code & Country 33480

Mailing Address

Address

3450 SOUTH OCEAN DRIVE

Suite, Apt. #, etc.

SUITE 728

City, State

PALM BEACH

, FL

Zip Code & Country 33480

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

PATRICIA LEBOW, P.A.

Address (PO Box is not acceptable) % BROAD AND CASSEL

Suite, Apt. #, etc.

ONE NORTH CLEMATIS STREET, SUITE 50

City, State

WEST PALM BEACH

, FL

Zip Code & Country

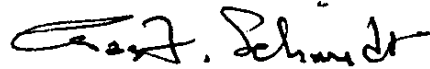
33401

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT40068122
#NO/080010230

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature 4-24-06

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PSTD
Name (Last, First, Middle, Title) SCHMIDT, CHARLES, F,

- OR -

Entity Name to serve as
Officer/Director

Street Address 3450 SOUTH OCEAN DRIVE #728
City, State PALM BEACH, FL
Zip Code & Country 33480

Title D
Name (Last, First, Middle, Title) GILBERT, DONALD, J,

- OR -

Entity Name to serve as
Officer/Director

Street Address 3450 SOUTH OCEAN DRIVE #728
City, State PALM BEACH, FL
Zip Code & Country 33480

Title D
Name (Last, First, Middle, Title) SCHRAFFT, JUDITH, W,

- OR -

Entity Name to serve as
Officer/Director

Street Address 3450 SOUTH OCEAN DRIVE #728
City, State PALM BEACH, FL
Zip Code & Country 33480

Title D

ATTACHMENT

40068122
#104000010230

Name (Last, First, Middle, Title)

KLUGE MANN, YOLANDA

- OR -

Entity Name to serve as
Officer/Director

Street Address

1617 NO. FLAGLER DRIVE

City, State

WEST PALM BEACH, FL

Zip Code & Country

33407 US

Title

D

Name (Last, First, Middle, Title)

MANN, JONATHAN

- OR -

Entity Name to serve as
Officer/Director

Street Address

1617 NO. FLAGLER DRIVE

City, State

WEST PALM BEACH, FL

Zip Code & Country

33407 US

Title

D

Name (Last, First, Middle, Title)

RICH, FLORENCE

- OR -

Entity Name to serve as
Officer/Director

Street Address

228 MALVERNE ROAD

City, State

WEST PALM BEACH, FL

Zip Code & Country

33408 US

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

President

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset