

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010230

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** OURLEGACYFOUNDATION INC.

**Current Principal Place of Business:**

917 N. FLAGLER DR., APT 112  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

917 N. FLAGLER DR., APT 112  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

**FEI Number:** 59-3787109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHMIDT, CHARLES F  
917 N. FLAGLER DRIVE  
APT. 112  
WEST PALM BEACH, FL 33401 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** SCHMIDT, CHARLES F  
**Address:** 917 N. FLAGLER DR., APT 112  
**City-St-Zip:** WEST PALM BEACH, FL 33401 US

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:** CHARLES F. SCHMIDT

DPST

01/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date