

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N11000008491

Entity Name: LEGACY LAW ENFORCEMENT FOUNDATION, INC.

Current Principal Place of Business:

221 N HOGAN ST
STE 227
JACKSONVILLE, FL 32202

Current Mailing Address:

221 N HOGAN STREET
SUITE 227
JACKSONVILLE, FL 32202 US

FEI Number: 45-2208625

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OBERDORFER, DOUGLAS AESQ.
432 EAST MONROE STREET
JACKSONVILLE, FL 32202 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 D
Name GWINN, SKIP
Address 221 N HOGAN STREET
227
City-State-Zip: JACKSONVILLE FL 32202

Title V
Name RIVERA, MISSY
Address 221 N HOGAN STREET
227
City-State-Zip: JACKSONVILLE FL 32202

Title D
Name FERRIS, DON
Address 221 N HOGAN STREET
227
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name VOCE, ERIC
Address 221 N HOGAN ST
#227
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT
Name SCHMITT, LAWRENCE
Address 221 N HOGAN STREET
SUITE 227
City-State-Zip: JACKSONVILLE FL 32202

Title T
Name SCHMITT, LAWRENCE
Address 221 N HOGAN STREET
227
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY
Name CONNELLY, HEATHER
Address 221 N HOGAN STREET
227
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name FOSTER, DAVID
Address 221 N HOGAN ST
#227
City-State-Zip: JACKSONVILLE FL 32202

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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: LAWRENCE SCHMITT

PRESIDENT

07/18/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCIANDRA, DAVID
Address 221 N HOGAN ST
#227
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name PLANK, CLAYTON
Address 221 N HOGAN ST
#227
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name LUNDQUIST, SCOTT
Address 221 N HOGAN ST
#227
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name NUNN, RICHARD
Address 221 N HOGAN ST
#227
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MORNINGSTAR, GLENN
Address 221 N HOGAN STREET
227
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name ADAMEC, MARK
Address 221 N HOGAN ST
#227
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name RIVERA, ERIC
Address 221 N HOGAN ST
#227
City-State-Zip: JACKSONVILLE FL 32202

Title DIR
Name PUNSKY, MIKE
Address 221 N HOGAN ST
#227
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name WHITE, MIKE
Address 221 N HOGAN ST
#227
City-State-Zip: JACKSONVILLE FL 32202