

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008491

**Entity Name:** LEGACY LAW ENFORCEMENT FOUNDATION, INC.**Current Principal Place of Business:**221 N HOGAN STREET  
227  
JACKSONVILLE, FL 32202**Current Mailing Address:**221 N HOGAN STREET  
227  
JACKSONVILLE, FL 32202 US**FEI Number:** 45-2208625**Certificate of Status Desired:** Yes**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
City-State-Zip:	JACKSONVILLE FL 32202

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

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

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

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

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

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

**Continues on page 2**

*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:** GLENN MORNINGSTAR

PRESIDENT

02/04/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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 SUBER, JIM  
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