

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011525

**Entity Name:** THE DR. LEON HAMMER LEGACY FOUNDATION, INC.

**Current Principal Place of Business:**

1000 NE 16TH AVE, BUILDING F  
GAINESVILLE, FL 32601

**Current Mailing Address:**

1213 HIGHLAND LAKE CIRCLE  
DECATUR, GA 30033 US

**FEI Number:** 46-1540871

**Certificate of Status Desired:** No

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

LANGE-SOST, ALLYSON CHAIR/PRESIDENT  
1000 NE 16TH AVE, BUILDING F  
GAINESVILLE, FL 32601 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:** ALLYSON LANGE-SOST

02/13/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name CORPUS, GRYPHON  
Address 1110 ROSE HILL DR.  
SUITE 101  
City-State-Zip: CHARLOTTESVILLE VA 22902

Title DIRECTOR, PRESIDENT/CHAIR  
Name LANGE-SOST, ALLYSON  
Address 1213 HIGHLAND LAKE CIRCLE  
City-State-Zip: DECATUR GA 30033

Title DIRECTOR, VP  
Name SOLTESZ, TRACY  
Address 1730 WEST STREET, SUITE 107  
City-State-Zip: ANNAPOLIS MD 21401

Title MEMBER  
Name BROWN, MONICA  
Address 1000 NE 16 TH AVE.  
BUILDING F  
City-State-Zip: GAINESVILLE FL 32601

*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:** ALLYSON LANGE-SOST

CHAIR/PRESIDENT

02/13/2025

Electronic Signature of Signing Officer/Director Detail

Date