

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000002358

**Entity Name:** FOUNDATION FOR LEGACY PLANNING, INC.

**Current Principal Place of Business:**

4475 US 1 SOUTH, STE 206  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

4475 US 1 SOUTH, STE 206  
ST AUGUSTINE, FL 32086 US

**FEI Number: 82-2359674**

**Certificate of Status Desired: No**

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

HARKNESS, ALLAN  
4475 US 1 SOUTH, STE 206  
ST AUGUSTINE, FL 32086 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 HARKNESS, ALLAN  
Address 4475 US 1 SOUTH, STE 206  
City-State-Zip: ST AUGUSTINE FL 32086

Title D  
Name HARKNESS, MARGARET  
Address 4475 US 1 SOUTH, STE 206  
City-State-Zip: ST AUGUSTINE FL 32086

Title D  
Name HARKNESS-HOLT, ALLISON  
Address 4475 US 1 SOUTH, STE 206  
City-State-Zip: ST AUGUSTINE FL 32086

Title D  
Name HARKNESS, LINDSAY  
Address 4475 US 1 SOUTH, STE 206  
City-State-Zip: ST AUGUSTINE FL 32086

*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: ALLAN HARKNESS**

**PRESIDENT**

**02/16/2023**

Electronic Signature of Signing Officer/Director Detail

Date