

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90028 001 \*\*\*\*61.25  
02-24-2004 90028 002 \*\*\*\*\*8.75

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<b>DOCUMENT # N03000010544</b> 1. Entity Name <b>NATIONAL INTERCOLLEGIATE SOCCER OFFICIALS ASSOCIATION FOUNDATION FUND, INC.</b>					
Principal Place of Business <b>541 WOODVIEW DRIVE LONGWOOD FL 32779-2614</b>			Mailing Address <b>541 WOODVIEW DRIVE LONGWOOD FL 32779-2614</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-0622487</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GALLUZZO, JOHN D ESQ. 6500 SOUTH HIGHWAY 17-92 FERN PARK FL 32730</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNABEI, RAYMOND <input type="checkbox"/> Delete 541 WOODVIEW DRIVE LONGWOOD FL 32779-2614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN DE VAARST, JOHN <input type="checkbox"/> Delete 7760 BLUEBERRY HILL LANE ELLICOTT CITY MD 21043		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRES, KEN <input type="checkbox"/> Delete 264 KINGS HIGHWAY EAST HADDONFIELD NY 08033		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORSEY, LARRY <input type="checkbox"/> Delete 1544 KLAMATH DRIVE SUNNYDALE CA 94087-4144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNANGELO, MARIO <input type="checkbox"/> Delete 1419 MORAVIA STREET BETHLEHEM PA 18015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, MIKE <input type="checkbox"/> Delete 4774 N.W. KIWANDA DRIVE PORTLAND OR 97229		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Raymond Bernabei</u> RAYMOND BERNABEI 2/18/04 407-862-3305</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



MOORE CR2E037 (11/03)