


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010544	
1. Entity Name NATIONAL INTERCOLLEGIATE SOCCER OFFICIALS ASSOCIATION FOUNDATION FUND, INC.	

Principal Place of Business 541 WOODVIEW DRIVE LONGWOOD FL 32779-2614	Mailing Address 541 WOODVIEW DRIVE LONGWOOD FL 32779-2614
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent GALLUZZO, JOHN D ESQ. 6500 SOUTH HIGHWAY 17-92 FERN PARK FL 32730	
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4. FEI Number 20-0622487	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BERNABEI, RAYMOND 541 WOODVIEW DRIVE LONGWOOD FL 32779-2614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend 000000191263 01/24/05-80167-015 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D VAN DE VAARST, JOHN 7760 BLUEBERRY HILL LANE ELLICOTT CITY MD 21043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ANDRES, KEN 264 KINGS HIGHWAY EAST HADDONFIELD NY 08033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DORSEY, LARRY 1544 KLAMATH DRIVE SUNNYDALE CA 94087-4144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DONNANGELO, MARIO 1419 MORAVIA STREET BETHLEHEM PA 18015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ALLEN, MIKE 4774 N.W. KIWANDA DRIVE PORTLAND OR 97229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *Raymond Bernabei* **RAYMOND BERNABEI** 1/19/05 407-862-3305