


2008 ~~NOT-FOR-PROFIT~~ CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 08:00 A
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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GALLUZZO, JOHN D ESQ. 6500 SOUTH HIGHWAY 17-92 FERN PARK FL 32730				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 20-0622487	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title (if applicable)</small>				DATE _____ <small>(NOTE: Registered Agent signature and address are required)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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					
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"/> Addition U00000855055 03/27/08-80032-011 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"/> Addition	
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"/> Addition	
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"/> Addition	
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"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MILLER, JOSEPH 1081 N. COLONY RD. MERIDEN CT 06450	<input type="checkbox"/> Delete	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 exemptions contained in Section 119, 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** 3/10/08 407-862-3305