

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010544

FILED
Apr 29, 2009
Secretary of State

Entity Name: NATIONAL INTERCOLLEGIATE SOCCER OFFICIALS ASSOCIATION FOUNDATION FUND, INC.

Current Principal Place of Business:

541 WOODVIEW DRIVE
LONGWOOD, FL 327792614

New Principal Place of Business:

Current Mailing Address:

541 WOODVIEW DRIVE
LONGWOOD, FL 327792614

New Mailing Address:

FEI Number: 20-0622487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLUZZO, JOHN D ESQ.
6500 SOUTH HIGHWAY 17-92
FERN PARK, FL 32730 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERNABEI, RAYMOND
Address: 541 WOODVIEW DRIVE
City-St-Zip: LONGWOOD, FL 327792614

Title: D () Delete
Name: VAN DE VAARST, JOHN
Address: 7760 BLUEBERRY HILL LANE
City-St-Zip: ELLICOTT CITY, MD 21043

Title: D () Delete
Name: ANDRES, KEN
Address: 264 KINGS HIGHWAY EAST
City-St-Zip: HADDONFIELD, NY 08033

Title: D () Delete
Name: DORSEY, LARRY
Address: 1544 KLAMATH DRIVE
City-St-Zip: SUNNYDALE, CA 940874144

Title: D () Delete
Name: DONNANGELO, MARIO
Address: 1419 MORAVIA STREET
City-St-Zip: BETHLEHEM, PA 18015

Title: D () Delete
Name: MILLER, JOSEPH
Address: 1081 N. COLONY RD.
City-St-Zip: MERIDEN, CT 06450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VAN DE VAARST, JOHN
Address: 541 WOODVIEW DR.
City-St-Zip: LONGWOOD, FL 327792614

Title: D (X) Change () Addition
Name: KEOHANE, DAN
Address: 1727 PARRETT DR.
City-St-Zip: SAN MATEO, CA 94402

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WESCOTT, GEORGE
Address: 124 WASHINGTON ST
City-St-Zip: MANTUA, NJ 08051

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN VAN DE VAARST

MR.

04/29/2009

Electronic Signature of Signing Officer or Director

Date