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NONPROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

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Mar 11 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9300005745 (5)

LEGACY SOCCER FOUNDATION, INC.

ELGAOT GOOGLITTOON					1 1881/14/ 868 (1881 868) 1881		
Principal Place of Business	Mailing Addr	ress			. I INNEINEN BAM EBIRAN HANN MANN MANN	gairtí aguit agtát greit fag	if <b>andfr d</b> rift 1961.
2233 LEE RD	2233 LEE RD				3. Date Incorporated or Qualified		
Suite 101 Winter Park Fl. 32789	SUITE 101	SUITE 101 WINTER PARK FL 32789			12/22/1993		
WINTER PARK PL 32/09	WINTEH PANK	FL 32/89			4. FEI Number		Applied For
					59-3238550		Not Applicabl
2. Principal Place of Business	— ř	2a. Mailing Address			5. Certificate of Status Desired		Additional Required
Suite, Apt. #, etc.	Suite, Apt	t. #, etc.			6. Election Campaign Financing		May Be
2	27				Trust Fund Contribution	Addec	to Fees
City & State	City & Sta	ale			7. Is this nonprofit corporation a h	omeowners associa	tion?
Zip Country	Zip		Country	у	8. This corporation owes or has p		i <u>nta</u> ngible
4 25	29		30		Personal Property Tax due June		□ No
9. Name and Address	s of Current Registered Age	nt	81	1 Name	10. Name and Address of New Ro	egistered Agent	
1100700 111150 1			"	Name			
HOCTOR, JAMES J			82	Street Add	lress (P.O. Box Number is Not Accepta	ble)	
215 N. EOLA DRIVE			83			<del></del>	
ORLANDO FL 32801			00				
			84	City		FL 85 Z	p Code
Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and acceptance.	ne 617 0502 and 617 1509 E	Jorida Statut	ton the show	n named cor	ocration submits this statement for the	Purpose of changing	lte registere
agent. I am tamiliar with, and accep	in the bengations of, economic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	orioa oraiote	·S.			
SIGNATURE Signature, typed or printed name of	of registered agent and bitle if applicable.		TE: Registered Ag		ired when reinstaling)	DATE	
SIGNATURE Signature, typed or printed name of the Control of the C	of registered agent and bite if applicable.	(NO	TE: Registered Ag			DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE Signature, typed or printed name of OFF	of registered agent and bite if applicable.		TE: Registered Ag 13, 1.1 TITLE		ired when reinstaling)	DATE	ORS IN 12
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