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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005745

1. Corporation Name

LEGACY SOCCER FOUNDATION, INC.

Principal Place of Business

2233 LEE RD
SUITE 101
WINTER PARK FL 32789

Mailing Address

2233 LEE RD
SUITE 101
WINTER PARK FL 32789



2. Principal Place of Business

21

Suite, Apt. #, etc.

1230 E. Hillcrest St.

City & State

Orlando, FL

Zip

32803

Country

USA

2a. Mailing Address

26

Suite, Apt. #, etc.

P.O. Box 3481

City & State

Winter Park, FLA

Zip

32790

Country

USA

3. Date Incorporated or Qualified

12/22/1993

4. FEI Number

59-3238550

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HOCTOR, JAMES J
215 N. EOLA DRIVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ADAMS, LARRY

STREET ADDRESS 2233 LEE RD SUITE 101

CITY-ST-ZIP WINTER PARK FL 32789

TITLE VD ☐ DELETE

NAME AGOOS, ANDY

STREET ADDRESS 2233 LEE RD SUITE 101

CITY-ST-ZIP WINTER PARK FL 32789

TITLE STD ☐ DELETE

NAME BAUCHLE, CARL

STREET ADDRESS 2233 LEE RD SUITE 401

CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE

NAME SCHIRM-NEISWENDER, JOANIE

STREET ADDRESS 2233 LEE RD SUITE 101

CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P.O. Box 3481
Winter Park, FL 32790

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

P.O. Box 3481
Winter Park, FL 32790

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Michael Clark
P.O. Box 3481
Winter Park, FL 32790

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

P.O. Box 3481
Winter Park, FL 32790

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-69-99 467-898-1818

CR2E037 (11/98)