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Mar 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/22/1993
Suite, Apt. #, etc. 1230 E. Hillcrest St.	Suite, Apt. #, etc. P.O. Box 3481	4. FEI Number 59-3238550
City & State Orlando, FL	City & State Winter Park, FLA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 32803	Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 85 Zip Code FL
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	ADAMS, LARRY	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2233 LEE RD SUITE 101	1.2 NAME	
CITY-ST-ZIP	WINTER PARK FL 32789	1.3 STREET ADDRESS	P.O. Box 3481
TITLE	VD	1.4 CITY-ST-ZIP	Winter Park, FL 32790
NAME	AGOOS, ANDY	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2233 LEE RD SUITE 101	2.2 NAME	
CITY-ST-ZIP	WINTER PARK FL 32789	2.3 STREET ADDRESS	P.O. Box 3481
TITLE	STD	2.4 CITY-ST-ZIP	Winter Park, FL 32790
NAME	BAUHLER, CARL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2233 LEE RD SUITE 401	3.2 NAME	Michael Clark
CITY-ST-ZIP	WINTER PARK FL 32789	3.3 STREET ADDRESS	P.O. Box 3481
TITLE	D	3.4 CITY-ST-ZIP	Winter Park, FL 32790
NAME	SCHIRM-NEISWENDER, JOANIE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2233 LEE RD SUITE 101	4.2 NAME	
CITY-ST-ZIP	WINTER PARK FL 32789	4.3 STREET ADDRESS	P.O. Box 3481
TITLE		4.4 CITY-ST-ZIP	Winter Park, FL 32790
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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] **SIGNATURE REQUIRED** 2-19-99 407-898-1818
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)