


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90078 046 \*\*\*\*61.25

**DOCUMENT # N93000005745**  
1. Entity Name  
**LEGACY SOCCER FOUNDATION, INC.**



Principal Place of Business  
**1230 E. HILLCREST STREET  
ORLANDO FL 32803  
US**

Mailing Address  
**P.O. BOX 3481  
WINTER PARK FL 32790  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Zip Country Zip Country



**MOORE CR2E037 (11/03)**

4. FEI Number **59-3238550**  
Applied For   
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**


**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name **Harold L. Downing, Esq.; Gronck & Latham, LLP**  
Street Address (P.O. Box Number is Not Acceptable) **390 N. Orange Avenue, Suite 600**  
City **Orlando** FL Zip Code **32802**

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.

SIGNATURE  DATE **April 8, 2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

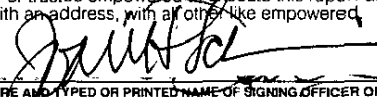
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, LARRY P.O. BOX 3481 WINTER PARK FL 32790	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AGOOS, ANDY P.O. BOX 3481 WINTER PARK FL 32790	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLARY, MICHAEL P.O. BOX 3481 WINTER PARK FL 32790	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIRM-NEISWENDER, JOANIE P.O. BOX 3481 WINTER PARK FL 32790	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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:  DATE: **4/12/04** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR