
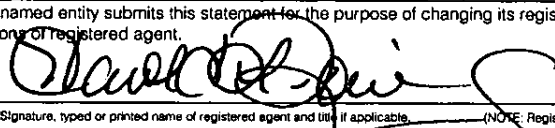
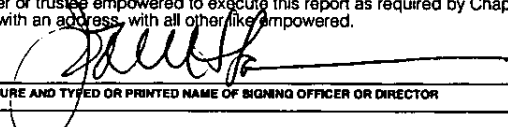


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90073 009 ****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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HAROLD L. DOWNING ESQ, GRONEK & LATHAN LLP 390 N. ORANGE AVE, SUITE 600 ORLANDO, FL 32802				Name Harold L. Downing, ESQ; Winderwee'dle, Haines, Warc and Woodman Street Address (P.O. Box Number is Not Acceptable) 250 Park Avenue South, Winter Park, FL 32789 City FL Zip Code	
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: <u>March 24, 2005</u>	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADAMS, LARRY		NAME		
STREET ADDRESS	P.O. BOX 3481		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32790		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AGOOS, ANDY		NAME		
STREET ADDRESS	P.O. BOX 3481		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32790		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARY, MICHAEL		NAME		
STREET ADDRESS	P.O. BOX 3481		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32790		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHIRM-NEISWENDER, JOANIE		NAME		
STREET ADDRESS	P.O. BOX 3481		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32790		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>3/22/05</u> Daytime Phone #: <u>407-8981818</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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4. FEI Number 59-3238550 Applied For Not Applicable

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

Warc