

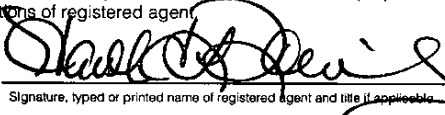
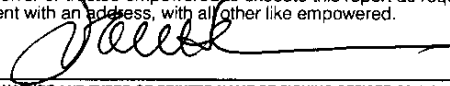


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90382 022 ****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 c/o GEC, Inc.		 01242006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-3238550 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1230 E. Hillcrest Street			
City & State		City & State Orlando, Fl.			
Zip	Country	Zip	Country		
32803		32803			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAROLD L. DOWNING ESQ, GRONEK & LATHAN LLP 250 PARK AVENUE SOUTH WINTER PARK, FL 32789			Name Harold L. Downing, ESQ, Winderweeidle, Haines, Street Address (P.O. Box Number is Not Acceptable) Ward and Woodman 250 Park Avenue South, 5th Floor City Winter Park FL Zip Code 32789		
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 Feb. 22, 2006		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			DATE		
Filing Fee is \$61.25 Due by May 1, 2006		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 checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADAMS, LARRY		NAME		
STREET ADDRESS	P.O. BOX 3481		STREET ADDRESS	c/o GEC, Inc. 1230 E. Hillcrest, Orlando,	
CITY-ST-ZIP	WINTER PARK, FL 32790		CITY-ST-ZIP	Fl. 32803	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AGOOS, ANDY		NAME		
STREET ADDRESS	P.O. BOX 3481		STREET ADDRESS	c/o GEC, Inc. 1230 E. Hillcrest, Orlando,	
CITY-ST-ZIP	WINTER PARK, FL 32790		CITY-ST-ZIP	Fl. 32803	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARY, MICHAEL		NAME		
STREET ADDRESS	P.O. BOX 3481		STREET ADDRESS	c/o GEC, Inc. 1230 E. Hillcrest, Orlando	
CITY-ST-ZIP	WINTER PARK, FL 32790		CITY-ST-ZIP	Fl. 32803	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHIRM-NEISWENDER, JOANIE		NAME		
STREET ADDRESS	P.O. BOX 3481		STREET ADDRESS	c/o GEC, Inc. 1230 E. Hillcrest, Orlando	
CITY-ST-ZIP	WINTER PARK, FL 32790		CITY-ST-ZIP	Fl. 32803	
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 exemptions contained in Chapter 119, 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 3/29/06		Daytime Phone # 407-898-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #