


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N93000005745 1. Entity Name LEGACY SOCCER FOUNDATION, INC.	
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Principal Place of Business 1230 E. HILLCREST STREET ORLANDO, FL 32803 US	Mailing Address C/O GEC, INC 1230 E HILLCREST ST ORLANDO, FL 32803 US
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3238550	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAROLD L. DOWNING ESQ, GRONEK & LATHAN LLP WARD AND WOODMAN 250 PARK AVE S 5TH FL WINTER PARK, FL 32789	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, LARRY C/O GEC, INC 1230 E HILLCREST ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AGOOS, ANDY C/O GEC, INC 1230 HILLCREST ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLARY, MICHAEL C/O GEC, INC 1230 E HILLCREST ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIRM-NEISWENDER, JOANIE C/O GEC, INC 1230 E HILLCREST ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/21/07-80016-004 61.25

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 another like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____