

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90051 030 ****61.25

DOCUMENT # N03000001426

1. Entity Name
THE IRONMAN KONA COMMUNITY FOUNDATION, INC.



Principal Place of Business
**43309 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689**

Mailing Address
**43309 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689**

94015171



2. Principal Place of Business

3. Mailing Address

P.O. BOX 1608

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

65-1172979

Applied For

Not Applicable

Zip

Country

Zip

Country

34689-1608

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEDLAND, LEW
43309 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GILLS, JAMES P III
STREET ADDRESS 43309 U.S. HIGHWAY 19 N. P.O. BOX 1608
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME FRIEDLAND, LEW
STREET ADDRESS 43309 U.S. HIGHWAY 19 N. P.O. BOX 1608
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME FERTIC, BENJAMIN
STREET ADDRESS 43309 U.S. HIGHWAY 19 N. P.O. BOX 1608
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEW FRIEDLAND

Date

Daytime Phone #

2/4/04

727-942-2591