

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001426

FILED
Mar 30, 2006
Secretary of State

Entity Name: THE IRONMAN KONA COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1608
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 65-1172879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERTIC, BENJAMIN
43309 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

FERTIC, BENJAMIN
43309 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689 US

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.

SIGNATURE: BENJAMIN FERTIC

03/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GILLS, JAMES P III
Address: 43309 U.S. HIGHWAY 19 N. P.O. BOX 1608
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD () Delete
Name: BERTSCH, DIANA
Address: 75-5722 KUAKINI HWY, KUAKINI TOWER #101
City-St-Zip: KAILUA KONA, HI 967402119

Title: STD () Delete
Name: FERTIC, BENJAMIN
Address: 43309 U.S. HIGHWAY 19 N. P.O. BOX 1608
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN FERTIC

STD

03/30/2006

Electronic Signature of Signing Officer or Director

Date