

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000006454

1. Entity Name

K-MC SPORTS FOUNDATION, INC.



FILED

06 APR 12 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

3539 APALACHEE PARKWAY  
SUITE 3 #206  
TALLAHASSEE FL 32311

Mailing Address

3539 APALACHEE PARKWAY  
SUITE 3 #206  
TALLAHASSEE FL 32311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

03-0439278

Applied For

Not Applicable

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

MCELHENNY, TINA E  
6305 WAUKEENAH HIGHWAY  
MONTICELLO FL 32344

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

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

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

TITLE DP ☐ Delete  
NAME MCELHENNY, SAM III  
STREET ADDRESS 3539 APALACHEE PARKWAY, STE 3-#206  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE DV ☐ Delete  
NAME MCELHENNY, TINA  
STREET ADDRESS 3539 APALACHEE PARKWAY, STE 3-#206  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE DT ☐ Delete  
NAME POPPELL, LLOYD T  
STREET ADDRESS 315 PLANTATION LANE  
CITY-ST-ZIP THOMASVILLE GA 31757

TITLE DA ☐ Delete  
NAME BODENSTEIN, DEBRA D  
STREET ADDRESS 84 DOLPHIN STREET  
CITY-ST-ZIP DESTIN FL 32541

TITLE VC ☐ Delete  
NAME DIXON, MELODY D  
STREET ADDRESS 5493 PEDRIC CROSSING DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE S ☐ Delete  
NAME HARDEE, MARGARET L  
STREET ADDRESS 2906 CROSS CREEK CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL 32301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 exemptions contained in Section 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: Tina McElhenny DVP

02-14-06 351-8363