

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

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000006454

1. Entity Name
K-MC SPORTS FOUNDATION, INC.



Principal Place of Business
**3539 APALACHEE PARKWAY
SUITE 3 #206
TALLAHASSEE, FL 32311**

Mailing Address
**3539 APALACHEE PARKWAY
SUITE 3 #206
TALLAHASSEE, FL 32311**

DO NOT WRITE IN THIS SPACE



01232007 No Chg-NP CR2E037 (4/06)

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

**MCELHENNY, TINA E
6305 WAUKEENAH HIGHWAY
MONTICELLO, FL 32344**

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IN THIS SPACE**

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 \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

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01/25/07-80036-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tina E. McElhenny **Tina E. McElhenny** 1-23-07 997-0726
850