

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90100 026 ****61.25

DOCUMENT # N04000008654

1. Entity Name
IKAN SPORTS FOUNDATION, INC.



Principal Place of Business
**1463 OAKFIELD DR., SUITE 133
BRANDON, FL 33511-0802 US**

Mailing Address
**1463 OAKFIELD DR., SUITE 133
BRANDON, FL 33511-0802 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006

Chg-NP

CR2E037 (11/05)

4. FEI Number
41-2149503

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AYE, WALTER E ESQ.
610 W. AZEELE ST.
TAMPA, FL 33606-0802**

7. Name and Address of New Registered Agent

Name **R. Jeffery Stull, P.A.**

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

602 South Boulevard

City
Tampa

FL Zip Code
33606

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

R. Jeffery Stull

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, 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	DIR	<input type="checkbox"/> Delete
NAME	SAMS, ROBERT W	
STREET ADDRESS	203 E. MOUNT VERNON ST.	
CITY- ST- ZIP	SOMERSET, KY 42501	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	PFINGSTAG, HENRY	
STREET ADDRESS	1601 THE OAKS DRIVE	
CITY- ST- ZIP	MAITLAND, FL 32751	
TITLE	DIR	<input checked="" type="checkbox"/> Delete
NAME	BRONOS, PASISTE G	
STREET ADDRESS	7718 WHITE ASH ST.	
CITY- ST- ZIP	ORLANDO, FL 32819	
TITLE	PRES	<input checked="" type="checkbox"/> Delete
NAME	NELSON, JOHN L	
STREET ADDRESS	3012 S. EMERSON ST.	
CITY- ST- ZIP	TAMPA, FL 33629	
TITLE	SECY	<input checked="" type="checkbox"/> Delete
NAME	CORNER, DAVID N	
STREET ADDRESS	3638 TRAFALGAR WAY #105	
CITY- ST- ZIP	PALM HARBOR, FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vincent A. Tifer	
STREET ADDRESS	3423 Forest Bridge Circle	
CITY- ST- ZIP	Brandon, FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Vincent A. Tifer

8-12-06

813-654-9944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 17 2006