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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90049 003 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N36924**

1. Corporation Name

**THE IRONMAN FOUNDATION, INC.**

Principal Place of Business

43309 US HWY 19 N POB 1608  
TARPON SPRINGS FL 34689  
US

Mailing Address

43309 US HWY 19 N POB 1608  
TARPON SPRINGS FL 34688-8608



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country 29 30

3. Date Incorporated or Qualified

03/06/1990

4. FEI Number

59-2990524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

YATES, DAVID  
43309 US HWY 19 N  
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

FRIEDLAND, LEW

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

43309 US HWY 19 N

83

84 City

TARPON SPRINGS

FL

85 Zip Code

34689

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

1-25-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME FRIEDLAND, LEW  
STREET ADDRESS 43309 US HWY 19 N  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE DST ☒ DELETE  
NAME YATES, DAVID  
STREET ADDRESS 43309 US HWY 19 N  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE DP ☐ DELETE  
NAME LAIRD, BOB  
STREET ADDRESS 43309 US HWY 19 N  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE D ☐ DELETE  
NAME ACKLES, SHARRON  
STREET ADDRESS 75-170 HUALALAI RD  
CITY-ST-ZIP KAILUA-KONA HI

TITLE DV ☐ DELETE  
NAME ROTT, GERRY  
STREET ADDRESS 43309 US HWY 19 N  
CITY-ST-ZIP TARPON SPGS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/R ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME McCARY, PAT  
2.3 STREET ADDRESS 43309 US HWY 19 N  
2.4 CITY-ST-ZIP TARPON SPRINGS FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME FOTH, STEVEN  
6.3 STREET ADDRESS 43309 US HWY 19 N  
6.4 CITY-ST-ZIP TARPON SPRINGS FL 34689

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

1-25-99

727-942-2591

CR2E037 (11/98)