

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000660

FILED
Feb 15, 2008
Secretary of State

Entity Name: INTERNATIONAL FEDERATION OF NONLINEAR ANALYSTS, INC. (IFNA)

Current Principal Place of Business:

DEPT. OF MATH SCIENCES
150 WEST UNIVERSITY BLVD.
MELBOURNE, FL 329016988 US

New Principal Place of Business:

Current Mailing Address:

DEPT. OF MATH SCIENCES
150 WEST UNIVERSITY BLVD.
MELBOURNE, FL 329016988 US

New Mailing Address:

FEI Number: 59-3089105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGARWAL, RAVI P
DEPT. OF MATH SCIENCES
150 WEST UNIVERSITY BLVD.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLER, KERMANI D
Address: 150 WEST UNIVERSITY BLVD.
City-St-Zip: MELBOURNE, FL 329016988

Title: VD () Delete
Name: TSOKOS, C.P.
Address: UNIV. OF S. FL. DEPT. OF STATS
City-St-Zip: TAMPA, FL 33620 US

Title: C () Delete
Name: SIVASUNDARAM, S.
Address: 104 SNOWGOOSE COURT
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: ELLINGSON, S
Address: FLORIDA TECH, MATH SCIENCES
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: LAKSHMIKANTHAM, V.
Address: FLORIDA TECH, MATH SCIENCES
City-St-Zip: MELBOURNE, FL 329016988

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:

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 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: S. ELLINGSON

D

02/15/2008

Electronic Signature of Signing Officer or Director

Date