

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 SEP 18 PM 3:31

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



Principal Place of Business
DEPT. OF MATH SCIENCES
150 WEST UNIVERSITY BLVD.
MELBOURNE, FL 32901-6988 US

Mailing Address
DEPT. OF MATH SCIENCES
150 WEST UNIVERSITY BLVD.
MELBOURNE, FL 32901-6988 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08272008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3089105

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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

200136246382

09/23/08--01016--003 **70.00

Amended AR is \$61.25

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	D	<input type="checkbox"/> Delete
NAME	MILLER, KERMANI D	
STREET ADDRESS	150 WEST UNIVERSITY BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 329016988	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TSOKOS, C.P.	
STREET ADDRESS	UNIV. OF S. FL. DEPT. OF STATS	
CITY-ST-ZIP	TAMPA, FL 33620	
TITLE	C	<input type="checkbox"/> Delete
NAME	SIVASUNDARAM, S.	
STREET ADDRESS	104 SNOWGOOSE COURT	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLINGSON, S	
STREET ADDRESS	FLORIDA TECH, MATH SCIENCES	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAKSHMIKANTHAM, V.	
STREET ADDRESS	FLORIDA TECH, MATH SCIENCES	
CITY-ST-ZIP	MELBOURNE, FL 329016988	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARYAL, GOKARNA	
STREET ADDRESS	DEPT. OF MATH, CS & STAT	
CITY-ST-ZIP	PURDUE UNIV. AT CALUMET	
	HAMMOND, IN 46323	ADDITION

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOUTRAS, DENNIS	
STREET ADDRESS	1528 ABERMARLE COURT	
CITY-ST-ZIP	DUHEDIN, FL. 34698	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LADDE, GANGARAM S	
STREET ADDRESS	DEPT. OF MATH & STAT, USF	
CITY-ST-ZIP	4202 E. FOWLER AVE, TAMPA, FL. 33620	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMBANDHAM, M	
STREET ADDRESS	DEPT. OF MATH	
CITY-ST-ZIP	MORGHOUSE COLLEGE	
	ATLANTA, GA 30314	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VARTSALA, A	
STREET ADDRESS	DEPT. OF MATH	
CITY-ST-ZIP	UNIVERSITY OF LOUISIANA AT LAFAYETTE	
	LAFAYETTE, LA. 70504-1210	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOTEN, REBECCA	
STREET ADDRESS	THE PEDAGOGUE	
CITY-ST-ZIP	11311 N 50th St, TAMPA, FL. 33617	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHRIS P. TSOKOS VD 9-1-08 (813) 964-1992

SP 9/18