

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED  
Apr 08, 2011  
Secretary of State

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

**Current Principal Place of Business:**

IFNA  
1202 PARRILLA DE AVILA  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

IFNA  
1202 PARRILLA DE AVILA  
TAMPA, FL 33613 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:**

WOOTEN, REBECCA D  
11311 N. 50TH STREET, #2  
TAMPA, FL 33617 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: PD  
Name: TSOKOS, CHRIS P DR  
Address: 4202 EAST FOWLER AVE., PHY 363  
City-St-Zip: TAMPA, FL 336205700

Title: VPTD  
Name: WOOTEN, REBECCA D DR.  
Address: 4202 EAST FOWLER AVE., PHY 319  
City-St-Zip: TAMPA, FL 336205700 US

Title: SD  
Name: SHARAF, TAYSSEER  
Address: UNIVERSITY OF SOUTH FLORIDA  
City-St-Zip: TAMPA, FL 336205700

Title: D  
Name: ARYAL, GOKARNA F  
Address: PURDUE UNIVERSITY AT CALUMET  
City-St-Zip: HAMMONDS, IN 46323

Title: D  
Name: KOUTRAS, DENNIS DR  
Address: 1528 ABERNARKE COURT  
City-St-Zip: DUANEIN, FL 34698

Title: D  
Name: ELLINGSON, SALLY  
Address: 150 W. UNIVERSITY BLVD.  
City-St-Zip: MELBOURNE, FL 32901

I hereby 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 all other like empowered.

SIGNATURE: CHRIS P TSOKOS

PD

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date