

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000004590

Entity Name: ICON PROPERTY TRUST CORP.

Current Principal Place of Business:

927 N.W. 6TH ST.
POMPANO BEACH, FL 33060

Current Mailing Address:

137 N.W. 15TH STREET
POMPANO BEACH, FL 33060 US

FEI Number: 65-1045273

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ELLINGTON, CHARLES SR.
137 N.W. 15TH STREET
POMPANO BEACH, FL 33060-5434 US

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

Officer/Director Detail :

Title TREASURER
Name THORPE, TANYA
Address 49 NIMBLE WOOD TRAIL
City-State-Zip: ACWORTH GA 30101

Title CHAIRMAN
Name ELLINGTON, CHARLES JR
Address P.O. BOX 100564
City-State-Zip: FT. LAUDERDALE FL 33310

Title TRUSTEE
Name ELLINGTON, CHARLES SR.
Address 137 N.W. 15TH STREET
City-State-Zip: POMPANO BEACH FL 33060-5434

Title DIRECTOR
Name LOFTON, COURTNEY
Address 2980 HERRON LANE S.W.
City-State-Zip: ATLANTA GA 30349

Title SECRETARY
Name ELLINGTON, DONNETTA
Address 137 N.W. 15TH STREET
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name ROBINSON, MARISSA
Address 970 N.W. 23RD TERRACE
City-State-Zip: POMPANO BEACH FL 33069

Title OTHER, EXECUTIVE DIRECTOR
Name ELLINGTON, MATTHEW
Address 2980 HERRON LANE S.W.
City-State-Zip: ATLANTA GA 30349

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: CHARLES ELLINGTON SR.

TRUSTEE

05/17/2015

Electronic Signature of Signing Officer/Director Detail

Date