

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002820

**Entity Name:** I.C.A.N., INC.

**Current Principal Place of Business:**

889 SE CALL DRIVE  
LEE, FL 32059

**Current Mailing Address:**

P O BOX 302  
MADISON, FL 32341 US

**FEI Number:** 06-1688062

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FLOWERS, RETIS  
889 SE CALL DRIVE  
LEE, FL 32059 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            PRESIDENT  
Name            TOOKES, OCTAVIOUS  
Address        708 SMITH  
City-State-Zip: MADISON FL 32340

Title            BENEVOLENCE DIRECTOR  
Name            GASTON, LINDA  
Address        818 NW HAMBURG RD  
City-State-Zip: MADISON FL 32340

Title            SECRETARY  
Name            BROWN, DEBORAH  
Address        135 NE DILL ST  
City-State-Zip: MADISON FL 32340

Title            TREASURER  
Name            FLOWERS, RETIS  
Address        889 SE CALL DRIVE  
City-State-Zip: LEE FL 32059

*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: LINDA GASTON**

**BENEVOLENCE  
DIRECTOR**

**03/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date