

2021 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	HALLEY, MICHAEL
Address	356 N WASHINGTON AVE
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**TREASURER****04/03/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date