

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

DOCUMENT# N14000009327

**Entity Name:** INDIFLY INCORPORATED

**Current Principal Place of Business:**

526 N. RIVERSIDE DRIVE  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

PO BOX 4460  
ST PAUL, MN 55104 US

**FEI Number:** 47-2221348

**Certificate of Status Desired:** No

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

PERKINSON, ALVIN  
526 N. RIVERSIDE DRIVE  
NEW SMYRNA BEACH, FL 32168 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 CHAIRMAN  
Name PERKINSON, ALVIN  
Address PO BOX 4460  
City-State-Zip: ST PAUL MN 55104

Title DIRECTOR  
Name SHILLING, MATTHEW  
Address PO BOX 4460  
City-State-Zip: ST PAUL MN 55104

Title VC, TREASURER  
Name WHITE, OLIVER  
Address PO BOX 4460  
City-State-Zip: ST PAUL MN 55104

Title SECRETARY, DIRECTOR  
Name DANYLCHUK , ANDY PHD  
Address PO BOX 4460  
City-State-Zip: ST PAUL MN 55104

*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:** MATTHEW SHILLING

**DIRECTOR**

**03/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date