

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

DOCUMENT# N15000012169

**FILED**  
**Mar 30, 2016**  
**Secretary of State**  
**CC2628904665**

**Entity Name:** IAN SUPRA MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

8712 PALM DRIVE  
ORLANDO, FL 32819

**Current Mailing Address:**

8712 PALM DRIVE  
ORLANDO, FL 32819

**FEI Number:** 81-0954296

**Certificate of Status Desired:** No

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

STATON, ATHENA  
8712 PALM DRIVE  
ORLANDO, FL 32819 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 OFFICER  
Name SUPRA, JACQUELINE  
Address 6892 SPERONE ST  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name CORIS, MELISSA  
Address 240 OAKHURST STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR  
Name DIAB, SAMER  
Address 8726 BECKINGHAM PLACE  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name VERITY, AMY  
Address 1189 LAZY HOLLOW PLACE  
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR  
Name DAVANZO, KAREN  
Address 631 PARK LAKE STREET  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name MAYORGA, MATTHEW  
Address 7689 SUGAR BEND DRIVE  
City-State-Zip: ORLANDO FL 32819

Title OFFICER  
Name STATON, ATHENA  
Address 8712 PALM LAKE DRIVE  
City-State-Zip: ORLANDO FL 32819

*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:** ATHENA STATON

**OFFICER**

**03/30/2016**

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

\_\_\_\_\_  
Date