

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N9500000 1882**

1. Corporation Name

Institute For Financial Independence

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 **405 May Ave**

26 **405 May Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Tahlequah, OK**

28 **Tahlequah OK**

24 Zip

25 Country

29 Zip

30 Country

74464

Cherokee

74464

Cherokee

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

5/10/95

3a. Date of Last Report

None

4. FEI Number

NA

Applied For

None and none applied for

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

NA (same as current)

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

President P

☐ DELETE

NAME

Marc McCormick D 1

STREET ADDRESS

405 May Av.

CITY-ST-ZIP

Tahlequah, OK 74464

TITLE

V

Joe McCormick D 2

☐ DELETE

NAME

405 May Av.

STREET ADDRESS

Tahlequah, OK 74464

CITY-ST-ZIP

TITLE

S

Marc McCormick D 1

☐ DELETE

NAME

405 May Av.

STREET ADDRESS

Tahlequah, OK 74464

CITY-ST-ZIP

TITLE

T

Marc McCormick D 1

☐ DELETE

NAME

405 May Av.

STREET ADDRESS

Tahlequah, OK 74464

CITY-ST-ZIP

TITLE

Assistant V

Alice McCormick D 3

☐ DELETE

NAME

405 May Av.

STREET ADDRESS

Tahlequah, OK 74464

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

405 May Av.

STREET ADDRESS

Tahlequah, OK 74464

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

NA

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

500001843955

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*****61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I hereby certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Marc McCormick**

Marc McCormick P.D. 5/20/96 918/456-3867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)