

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N95000001882 (8) 1. Corporation Name INSTITUTE FOR FINANCIAL INDEPENDENCE, INC.		



Principal Place of Business 405 MAY AVE TAHLEQUAH OK 74464	Mailing Address 405 MAY AVE TAHLEQUAH OK 74464
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3. Date Incorporated or Qualified 04/20/1995	
4. FEI Number NOT APPLICABLE	Applied For ☐ Yes ☒ 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	
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

2. Principal Place of Business 21 607 Rolling Hills #E Suite, Apt. #, etc. 22 Tahlequah City & State 23 OK Zip 24 74464	2a. Mailing Address 26 607 Rolling Hills Suite, Apt. #, etc. 27 Apt # E City & State 28 Tahlequah OK Zip 29 74464 Country 25 USA
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9. Name and Address of Current Registered Agent CROWLEY, STEVE 4631 NW 31ST AVE SUITE 128 FORT LAUDERDALE FL 33309	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

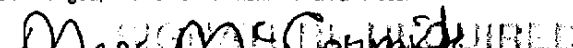
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 relinquishing) DATE _____)

12. OFFICERS AND DIRECTORS	
TITLE	PD ☐ DELETE
NAME	MCCORMICK, MARC
STREET ADDRESS	405 MAY AVE
CITY-ST-ZIP	TAHLEQUAH OK 74464
TITLE	VD ☐ DELETE
NAME	MCCORMICK, JOE
STREET ADDRESS	405 MAY AVE
CITY-ST-ZIP	TAHLEQUAH OK 74464
TITLE	AVD ☐ DELETE
NAME	MCCORMICK, ALICE
STREET ADDRESS	405 MAY AVE
CITY-ST-ZIP	TAHLEQUAH OK 74464
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD ☒ Change ☐ Addition
1.2 NAME	McCormick, Marc
1.3 STREET ADDRESS	607 Rolling Hills, #E
1.4 CITY-ST-ZIP	Tahlequah, OK 74464
2.1 TITLE	VD ☒ Change ☐ Addition
2.2 NAME	McCormick, Joe
2.3 STREET ADDRESS	607 Rolling Hills #E
2.4 CITY-ST-ZIP	Tahlequah, OK 74464
3.1 TITLE	AVD ☒ Change ☐ Addition
3.2 NAME	McCormick, Alice
3.3 STREET ADDRESS	607 Rolling Hills #E
3.4 CITY-ST-ZIP	Tahlequah, OK 74464
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  2-12-98 918/456-3865

CR2E037 (10/97)