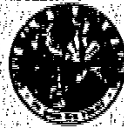


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N34487** (1)

1. Corporation Name
**INSTITUTE FOR THE ENRICHMENT OF FORSENIC ACTIVIT
IES IN SECONDARY SCHOOLS EDUCATIONAL FOUNDATION,**

Principal Place of Business Mailing Address
C/O CLARE ODOM - HANKS **C/O CLARE ODOM - HANKS**
13825 FRIENDSHIP LN 13825 FRIENDSHIP LANE
ODESSA FL 33556 ODESSA FL 33556
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/04/1989** 3a. Date of Last Report **10/21/1994**

4. FEI Number **65-0153411** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

ODOM, CLARE C. CLARE ODOM - HANKS
13825 FRIENDSHIP LANE
ODESSA FL 33556

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *C. Clare Odom-Hanks* DATE **6-27-95**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D
ODOM, C. CLARE
13825 FRIENDSHIP LANE
ODESSA FL

D
DVORAK, JUDITH L.
13949 FRIENDSHIP LANE
ODESSA FL

D
SHANNAHAN, SAM
1 GOLFVIEW, SUGAR MILL
HOMOSASSA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME **C. CLARE ODOM - HANKS** 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP Change Addition

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 110.07(3)(k), 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 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: *C. Clare Odom-Hanks* DATE **4/20/95** (813) 920-9322

REMITTED BY MAY 1