

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 # N34487 (1)
1. Corporation Name

INSTITUTE FOR THE ENRICHMENT OF FORENSIC ACTIVITIES IN SECONDARY SCHOOLS EDUCATIONAL FOUNDATION,



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

3. Date Incorporated or Qualified: **10/04/1989**
3a. Date of Last Report: **07/13/1995**

2. Principal Place of Business (21-24):
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Mailing Address (26-30):
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

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

9. Name and Address of Current Registered Agent:
C/O 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
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ODOM-HANKS, C CLARE	
STREET ADDRESS	13825 FRIENDSHIP LANE	
CITY-ST-ZIP	ODESSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DVORAK, JUDITH L.	
STREET ADDRESS	13949 FRIENDSHIP LANE	
CITY-ST-ZIP	ODESSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHANNAHAN, SAM	
STREET ADDRESS	1 GOLFVIEW, SUGAR MILL	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
C. CLARE ODOM-HANKS

4/16/96 (813) 920-9322
Daytime Phone #

CR2E037 (12/95)