

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011799

**Entity Name:** FLORIDA INSTITUTE FOR REFORM AND EMPOWERMENT, INC.**Current Principal Place of Business:**134 E. COLONIAL DRIVE  
ORLANDO, FL 32801**Current Mailing Address:**PO BOX 533732  
ORLANDO, FL 32853 US**FEI Number: 27-4384675****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 CHAIRMAN  
Name HERNANDEZ, CHRISTINA  
Address 321 VANGUARD POINT  
City-State-Zip: CASSELBERRY FL 32707

Title TREA  
Name HEROUX, PAUL  
Address 2765 ARROW ROAD  
City-State-Zip: ORLANDO FL 32812

Title OFFICER  
Name SHAW, BOB  
Address 546 S. HYER AVENUE  
City-State-Zip: ORLANDO FL 32801

Title VC  
Name LOPEZ, LISA  
Address 2706 ASHLEY COURT  
City-State-Zip: KISSIMMEE FL 34743

Title OFFICER  
Name DIAZ, DENISE  
Address 758 NORTH WESTMORELAND DRIVE  
City-State-Zip: ORLANDO FL 32804

Title SEC  
Name SMITH, SUSAN  
Address 16111 VANDERBILT DRIVE  
City-State-Zip: ODESSA FL 33556

Title OFFICER  
Name WOLCOTT, LESLIE  
Address 1409 CHRISTY AVENUE  
City-State-Zip: ORLANDO FL 32703

Title OFFICER  
Name HEBERLEIN, TIMOTHY  
Address 1224 E. FRIERSON AVE  
City-State-Zip: TAMPA FL 33603

*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: PAUL HEROUX****TREASURER****04/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date