

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000092231

**Entity Name:** INSURANCE FOR RETIRED EDUCATORS, INC.

**Current Principal Place of Business:**

1528 NORTH DIXIE HIGHWAY  
SUITE 1  
LAKE WORTH BEACH, FL 33460

**Current Mailing Address:**

1528 NORTH DIXIE HIGHWAY  
SUITE 1  
LAKE WORTH BEACH, FL 33460 US

**FEI Number:** 46-4103996

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRAHAM, CHRISTOPHER N  
1528 N DIXIE HWY. #1  
LAKE WORTH BEACH, FL 33460 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:** CHRISTOPHER GRAHAM

01/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P/D  
Name GRAHAM, CHRISTOPHER  
Address 1528 NORTH DIXIE HIGHWAY, SUITE  
1  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title VP/D  
Name SHEEHAN, JAMES  
Address 1528 N DIXIE HWY.#1  
City-State-Zip: LAKE WORTH BEACH FL 33460

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER N GRAHAM

PRESIDENT

01/25/2023

Electronic Signature of Signing Officer/Director Detail

Date