

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000000035

**Entity Name:** THE INSTITUTE FOR EXCELLENCE IN EDUCATION, INC.**Current Principal Place of Business:**711 W. PICKARD ST, SUITE M  
MT. PLEASANT, MI 48858**Current Mailing Address:**711 W. PICKARD ST, SUITE M  
MT. PLEASANT, MI 48858 US**FEI Number:** 38-3635927**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 C  
Name SMITH, W. SIDNEY  
Address 108 S. UNIVERSITY, SUITE 6  
City-State-Zip: MT. PLEASANT MI 48858

Title D/T  
Name PALL, GERALD G  
Address 11799 SILVERADO DR.  
City-State-Zip: FISHERS IN 46037

Title D  
Name BERGMAN, RICHARD F  
Address 12889 DEHMAN LANE  
City-State-Zip: CHARLEVOIX MI 49720

Title P  
Name GOENNER, JAMES  
Address 711 W. PICKARD ST, SUITE M  
City-State-Zip: MT. PLEASANT MI 48858

Title S  
Name URBAN, JILL  
Address 711 W. PICKARD ST, SUITE M  
City-State-Zip: MT. PLEASANT MI 48858

Title D  
Name SPEAKMAN, SHEREE  
Address 1519 OAKWOOD AVE  
City-State-Zip: HIGHLAND PARK IL 60035

Title D  
Name BARRETT, JAMES  
Address 8601 LAKESHORE  
City-State-Zip: PERRY MI 48872

Title DIRECTOR  
Name ANDREWS, ANN  
Address 11720 E. SHORE DRIVE  
City-State-Zip: WHITMORE LAKE MI 48189

**Continues on page 2**

*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:** JAMES N GOENNER**PRESIDENT/CEO****08/26/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 MCKANDERS, CAROLYN  
Address             PO BOX 630860  
City-State-Zip:    HIGHLANDS RANCH CO 80163

Title                   DIRECTOR  
Name                 DAVIES, ROBERT  
Address             CMU OFFICE OF THE PRESIDENT  
                      WARRINER HALL 106  
City-State-Zip:    MT. PLEASANT MI 48859