

2019 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 P
Name GOENNER, JAMES
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 VC
Name WISE, SHARON
Address 12074 S. ELK RIDGE DR
City-State-Zip: TRAVERSE CITY MI 49684

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

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

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

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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 GOENNER**PRESIDENT/CEO****03/13/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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