

2021 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 730 EAST BLUEGRASS RD
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

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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****02/02/2021**

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