

**2024 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:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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	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	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

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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****01/23/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	ROTH, TOBY
Address	CMU 1200 S. FRANKLIN ST
City-State-Zip:	MT. PLEASANT MI 48859