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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #

SIGNATURE:

724007

(0)

INSTRUCTIONAL	RESOURCES	FOUNDATION.	INC.

Principal Place	of Business	Mailing Address		,					
2856 BLAIRST TALLAHASSEI	•	2856 BLAIRSTONE TALLAHASSEE FL							
					3	Date Incorporated or Qualified 08/01/1972		te of Last 05/30/1	
2. Principal Pla	ice of Business	2a. Mailing Address	}		4	FEI Number		1	Applied For
21		26				59-1426011	 		Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, et	ic.		5	. Certificate of Status Desired			Additional
City & State		City & State				Florian Compaign Figureian		 	Required
23		28			"	 Election Campaign Financing Trust Fund Contribution 			0 May Be d to Fees
Zip	Country	Zip	Co	untry	8	This corporation has liability for	intangible ta		
24	25	29	30				Yes 🗆		,,,,,,,,,
	9. Name and Address of Curren	t Registered Agent). Name and Address of New F	Registered /	Agent	
				B1 Name					
	RO, JON C			82 Street	Address (F	P.O. Box Number is Not Acceptat	ble)		
	AIRSTONE COURT								
TALLAHA	ASSEE FL 32301			83					
				84 City			F-1	85 Zir	Code
	o the provisions of Sections 617.0502						<u>FL</u>		
	h, and accept the obligations of, Secti	,							
familiar wit	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. DIRECTORS	13.	ed Agent signature	required when	reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTO	RS IN 12
familiar wit SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI PD	and title if applicable.	13.		required when		FICERS AND	DIRECTO Change	RS IN 12
familiar wit SIGNATURE 12. TILLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PD PROTHERO, JON C PH.D.	and title if applicable. DIRECTORS	13. 1.11		nequired when		FICERS AND		
familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PD PROTHERO, JON C PH.D. 2856 BLAIRSTONE COURT	and title if applicable. DIRECTORS	13. 1.11 1.27 1.38	Title Name Street address	required when		FICERS AND		-
familiar wit SIGNATURE 12. TILLE NAME STREEL ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PD PROTHERO, JON C PH.D. 2856 BLAIRSTONE COURT TALLAHASSEE FL 32301	and title if applicable. DIRECTORS DELETE	13. 1.11 1.24 1.35 1.40	Title Name Street address City-St-Zip	required when		FICERS AND	_ Change	Addition
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