FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:08

DOCUMENT # **753005** **(8)**

1. Corporation Name

INDIAN RIVER CHAPTER NO. 153 OF THE INSTITUTE OF FINANCIAL EDUCATION, INC.

Principal Place of Business	Mailing Address
100 S. 2ND STREET P. O. BOX 249 FT. PIERCE FL 34950-4306	100 S. 2ND STREET P. O. BOX 249 FT. PIERCE FL 34950-4306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1980
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2168408 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

*GIBSON, RUTH
6106 BUCHANAN DR
FT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ruth A Gibson, Chapter President — 2-17-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	GIBSON, RUTH	1.2 NAME	GIBSON, RUTH	
STREET ADDRESS	6106 BUCHANAN DR	1.3 STREET ADDRESS	6106 BUCHANAN DR	
CITY-ST-ZIP	FT PIERCE FL 34982	1.4 CITY-ST-ZIP	FT PIERCE, FL 34982	
TITLE	D	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	LYLE, KATHY	2.2 NAME	LYLE, KATHY	
STREET ADDRESS	2425 S.E. RIVAL AVE.	2.3 STREET ADDRESS	2425 SE RIVAL AVE	
CITY-ST-ZIP	PORT ST.LUCIE FL	2.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	V	3.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	CLEGHORN, LYNNE	3.2 NAME	CLEGHORN, LYNNE	
STREET ADDRESS	1600 GREEN ACRES FF103	3.3 STREET ADDRESS	1530 ROYAL GREEN CR N-207	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	3.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	NC	4.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	SAUNDERS, RUNA	4.2 NAME	SAUNDERS, RUNA	
STREET ADDRESS	2408 NEWPORT DR	4.3 STREET ADDRESS	2408 NEWPORT DR	
CITY-ST-ZIP	FT PIERCE FL 34982	4.4 CITY-ST-ZIP	FT PIERCE, FL 34982	
TITLE	D	5.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	MESSINGER, STEVE	5.2 NAME	RICE, DONNA	
STREET ADDRESS	5047 N. AIA #1005	5.3 STREET ADDRESS	3102 FEATHER CREEK DR	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	5.4 CITY-ST-ZIP	FT PIERCE, FL 34951	
TITLE	S	6.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	MCGARRY, NANCY	6.2 NAME	MCGARRY, NANCY	
STREET ADDRESS	2502 TAMA RIND DR	6.3 STREET ADDRESS	P.O. BOX 3584 N/A	
CITY-ST-ZIP	FT PIERCE FL 34949	6.4 CITY-ST-ZIP	FT PIERCE, FL 34948-3584	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RUTH GIBSON Ruth A Gibson — 2-17-95 — X7062 1-800-226-4375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E7A9