

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
06/18/1980

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIBSON, RUTH
6106 BUCHANAN DR
FT PIERCE FL 34982**

81 Name

Anne Satterlee

82 Street Address (P.O. Box Number is Not Acceptable)

2322 Cortez Ave.

83

84 City

Vero Beach

FL

85 Zip Code
32960

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Anne Satterlee

Anne Satterlee

4/19/96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GIBSON, RUTH	
STREET ADDRESS	6106 BUCHANAN DR	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LYLE, KATHY	
STREET ADDRESS	2425 S.E. RIVAL AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CLEGHORN, LYNNE	
STREET ADDRESS	1530 ROYAL GREEN CR., #N-207	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SAUNDERS, RUNA	
STREET ADDRESS	2408 NEWPORT DR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICE, DONNA	
STREET ADDRESS	5102 FEATHER CREEK DRIVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCGARRY, NANCY	
STREET ADDRESS	P.O. BOX 3584 N/A	
CITY-ST-ZIP	FT. PIERCE FL	

1.1 TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Anne Satterlee	
1.3 STREET ADDRESS	2322 Cortez Ave.	
1.4 CITY-ST-ZIP	Vero Beach, FL 32960	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cathy Roberts	
2.3 STREET ADDRESS	8806 Lakeland Blvd	
2.4 CITY-ST-ZIP	Fort Pierce 34951	
3.1 TITLE	VPres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Linda Hedges	
3.3 STREET ADDRESS	501 SE Whitmore Dr.	
3.4 CITY-ST-ZIP	Port St. Lucie, FL 34904	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Donna Rice	
5.3 STREET ADDRESS	4300 Redwood Drive	
5.4 CITY-ST-ZIP	Fort Pierce 34982	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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:

Anne Satterlee

Anne Satterlee

4/19/96

407.460-7046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)