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Feb 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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



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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9. Name and Address of Current Registered Agent

SATTERLEE, ANNE
2322 CORTEZ AVENUE
VERO BEACH FL 32960

3. Date Incorporated or Qualified
06/18/1980

3a. Date of Last Report
04/26/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 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

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 ☐ DELETE
NAME SATTERLEE, ANNE
STREET ADDRESS 2322 CORTEZ AVENUE
CITY-ST-ZIP VERO BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME LYLE, KATHY
STREET ADDRESS 2425 S.E. RIVAL AVE.
CITY-ST-ZIP PORT ST. LUCIE FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME CATHY Roberts
2.3 STREET ADDRESS 8806 Lakeland Blvd.
2.4 CITY-ST-ZIP FT. Pierce, FL 34951

TITLE VP ☐ DELETE
NAME HEDGES, LINDA
STREET ADDRESS 501 SW WHITEMORE DRIVE
CITY-ST-ZIP PORT ST LUCIE FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Claudia Stevens
3.3 STREET ADDRESS 1722 SE Biddle Lane
3.4 CITY-ST-ZIP Port St. Lucie, FL 34983

TITLE T ☐ DELETE
NAME SAUNDERS, RUNA
STREET ADDRESS 2408 NEWPORT DR
CITY-ST-ZIP FT PIERCE FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Gina Gruszkas
4.3 STREET ADDRESS 1802 SW Greenway St.
4.4 CITY-ST-ZIP Port St. Lucie, FL 34953

TITLE D ☐ DELETE
NAME RICE, DONNA
STREET ADDRESS 4300 REDWOOD DRIVE
CITY-ST-ZIP FORT PIERCE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME MCGARRY, NANCY
STREET ADDRESS P.O. BOX 3584 N/A
CITY-ST-ZIP FT. PIERCE FL

6.1 TITLE ☐ Change ☐ 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNE W. Satterlee 1/28/97

Date

Daytime Phone # 0070635

CR2E037 (9/96)