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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **753005** (8)

1. Corporation Name

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

Principal Place of Business

**100 S. 2ND STREET
P. O. BOX 249
FT. PIERCE FL 34950-4308**

Mailing Address

**100 S. 2ND STREET
P. O. BOX 249
FT. PIERCE FL 34950-4308**

3. Date Incorporated or Qualified

06/18/1980

4. FEI Number

59-2168408

Applied For

Not Applicable

6. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Harbor Federal	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 601 Atlantic Ave	27
City & State	City & State
23 FT. Pierce FL	28
Zip	Country
24 34950	25 St Lucie
29	30

9. Name and Address of Current Registered Agent

**SATTERLEE, ANNE
2322 CORTEZ AVENUE
VERO BEACH FL 32980**

10. Name and Address of New Registered Agent

81 Name	Linda Hedges
82 Street Address (P.O. Box Number is Not Acceptable)	501 SE Whitmore Dr
83	
84 City	Port St Lucie FL
85 Zip Code	34984

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

Sandra B. Mortham **Linda Hedges, President 1-8-98**

(Signature, typed or printed name of registered agent and time if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	SATTERLEE, ANNE
STREET ADDRESS	2322 CORTEZ AVENUE
CITY-ST-ZIP	VERO BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CATHY ROBERTS
STREET ADDRESS	8808 LAKELAND BLVD
CITY-ST-ZIP	FT PIERCE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CLAUDIA STEVENS
STREET ADDRESS	1722 SE BIDDLE LANE
CITY-ST-ZIP	PORT ST LUCIE FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	GINA GRUSZAUSKAS
STREET ADDRESS	1802 SW BREEZEWAY ST
CITY-ST-ZIP	PORT ST LUCIE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RICE, DONNA
STREET ADDRESS	4300 REDWOOD DRIVE
CITY-ST-ZIP	FORT 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Linda Hedges
1.3 STREET ADDRESS	501 SE Whitmore Dr.
1.4 CITY-ST-ZIP	Port St Lucie FL 34984
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rona Saunders
2.3 STREET ADDRESS	2408 Newport Dr
2.4 CITY-ST-ZIP	FT. Pierce FL 34982
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bonnie Forrest
3.3 STREET ADDRESS	611 SE DeGard Dr
3.4 CITY-ST-ZIP	Port St Lucie FL 34983
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Candace Loupe
4.3 STREET ADDRESS	1402 SE Pinewood Trail
4.4 CITY-ST-ZIP	Port St Lucie FL 34952
5.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Same Name / address
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Same
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Sandra B. Mortham* **President 1-8-98**

CR2037 (10/97)