

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90094 015 ****61.25

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DOCUMENT # 753005

1. Corporation Name

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

Principal Place of Business

Mailing Address

HARBOR FEDERAL
601 ATLANTIC AVE
FT. PIERCE FL 34950
US

100 S. 2ND STREET
P. O. BOX 249
FT. PIERCE FL 34950-4306



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/18/1980

22 City & State

27 City & State

4. FEI Number

Applied For,
Not Applicable

59-2168408

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24

25

29

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEDGES, LINDA
501 S.E. WHITMORE DR
PORT ST LUCIE FL 34984

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
HEDGES, LINDA
STREET ADDRESS
5015 E WHITMORE DR
CITY-ST-ZIP
PORT ST LUCIE FL 34984

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
SAUNDERS, RUNA
STREET ADDRESS
2408 NEWPORT DR
CITY-ST-ZIP
FT PIERCE FL 34982

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
FORREST, BONNIE
STREET ADDRESS
611 S.E. DEAGAN DR
CITY-ST-ZIP
PORT ST LUCIE FL 34983

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME
LOUPE, CANDACE
STREET ADDRESS
1402 S.E. PINWOOD TRAIL
CITY-ST-ZIP
PORT ST LUCIE FL 34952

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

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

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

VPII (Former Director) ☒ Change ☐ Addition
Loupe, Candace
2186 Barthel St
Port St Lucie, FL 34984
Director ☐ Change ☒ Addition
Kris Parker
2912 Mohawk Dr
Ft Pierce, FL 34946

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-99 561-460-7322

CR2E037 (11/98)