

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **759533** (3)

1. Corporation Name

PALM BEACH COUNTY CHAPTER NO. 148 OF THE INSTITUTE OF FINANCIAL EDUCATION, INC.

Principal Place of Business

Mailing Address

% C. LODER
6801 LAKE WORTH RD.
LAKE WORTH FL 33467
US

% C. LODER
6801 LAKE WORTH RD
LAKE WORTH FL 33467
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
08/07/1981

3a. Date of Last Report
04/19/1995

4. FEI Number
59-0839942

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LODER, CHERYL
6801 LAKE WORTH RD
LAKE WORTH FL 33467

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

Cheryl Loder

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-18-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **KHALID, RIZWANA**
STREET ADDRESS **660 U S HWY #1**
CITY - ST - ZIP **N PALM BCH FL**

1.1 TITLE **VSD** ☒ Change ☐ Addition
1.2 NAME **Karen Krauss**
1.3 STREET ADDRESS **980 No. Federal Hwy.**
1.4 CITY - ST - ZIP **Boca Raton, FL.** ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE
NAME **SLUTH, RUTH**
STREET ADDRESS **1818 S AUSTRALIAN AVE, STE 400**
CITY - ST - ZIP **WEST PALM BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE
NAME **GILLEN, BRUCE**
STREET ADDRESS **20 S WATERWAY RD**
CITY - ST - ZIP **TEQUESTA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **VSD** ☐ DELETE
NAME **ENGLISH, BONNER**
STREET ADDRESS **4400 SGA BLVD STE 200**
CITY - ST - ZIP **PALM BEACH GARDENS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **PD** ☐ DELETE
NAME **LODER, CHERYL**
STREET ADDRESS **6801 LAKE WORTH RD**
CITY - ST - ZIP **LAKE WORTH FL**

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

TITLE **VD** ☐ DELETE
NAME **O'BRIEN, SUSAN**
STREET ADDRESS **3300 PGA BLVD**
CITY - ST - ZIP **PALM BCH GONS FL**

6.1 TITLE **VD** ☒ Change ☐ Addition
6.2 NAME **Julie Kelly**
6.3 STREET ADDRESS **3717 B0yton Beach Blvd.**
6.4 CITY - ST - ZIP **Boynton Beach, FL. 33436**

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:

Cheryl Loder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/18/96 (561) 964-6100

CR2E037 (3/96)