

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000006986

1. Entity Name
**FINANCIAL INTERMEDIATION RESEARCH SOCIETY,
INC.**



Principal Place of Business
**1220 N.W. 23 TERRACE
GAINESVILLE, FL 32605**

Mailing Address
**1220 N.W. 23 TERRACE
GAINESVILLE, FL 32605**



04082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLANNERY, MARK J
1220 N.W. 23 TERRACE
GAINESVILLE, FL 32605**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIRE
NAME	ALLEN, FRANKLIN
STREET ADDRESS	UNIVERSITY OF PENNSYLVANIA
CITY-ST-ZIP	PHILADELPHIA, PA 19104
TITLE	DIRE
NAME	THAKOR, ANJAN
STREET ADDRESS	ONE BROOKINGS DRIVE, BOX 1133
CITY-ST-ZIP	ST. LOUIS, MO 63130
TITLE	DIRE
NAME	FLANNERY, MARK J
STREET ADDRESS	1220 NW 23 TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/07-80037-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/07

352-892-3184