

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007896

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** INSTITUTE OF FINANCIAL OPERATIONS FOUNDATION, INC.

**Current Principal Place of Business:**

615 EAST COLONIAL DRIVE  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

615 EAST COLONIAL DRIVE  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 27-3981347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOWMAN, WILLIAM R JR ESQ  
SHUFFIELD LOWMAN & WILSON P.A.  
1000 LEGION PLACE STE 1700  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MALLON, MIKE  
**Address:** 615 EAST COLONIAL DRIVE  
**City-St-Zip:** ORLANDO, FL 32803

**Title:** D  
**Name:** HARTSEMA, DOUGLAS  
**Address:** 615 EAST COLONIAL DRIVE  
**City-St-Zip:** ORLANDO, FL 32803

**Title:** D  
**Name:** VALHA, DAN  
**Address:** 615 EAST COLONIAL DRIVE  
**City-St-Zip:** ORLANDO, FL 32803

**Title:** D  
**Name:** COUTOU, FIDEL  
**Address:** 615 EAST COLONIAL DRIVE  
**City-St-Zip:** ORLANDO, FL 32803

**Title:** D  
**Name:** LABORDE, JO  
**Address:** 615 EAST COLONIAL DRIVE  
**City-St-Zip:** ORLANDO, FL 32803

**Title:** D  
**Name:** STRASSER, KATHY  
**Address:** 615 EAST COLONIAL DRIVE  
**City-St-Zip:** ORLANDO, FL 32803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JO LABORDE

D

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date