

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N9500000 1882**
1. Corporation Name
Institute For Financial Independence

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	405 May Ave	26	405 May Ave.	5/10/95	None
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				None and none applied for	<input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Tahlequah, OK	28	Tahlequah OK	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	25	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
74464		Cherokee			
29	Zip	30	Country		
74464		Cherokee			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
Steve E. Crowley .5100 N.W. 33rd Av. Ste.155 Ft. Lauderdale, FL 33304				81	Name			NA (same as current)
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Marc McCormick D 1			1.2 NAME			
STREET ADDRESS	405 May Av.			1.3 STREET ADDRESS			
CITY-ST-ZIP	Tahlequah, OK 74464			1.4 CITY-ST-ZIP	NA		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Joe M. McCormick D 2			2.2 NAME			
STREET ADDRESS	405 May Av.			2.3 STREET ADDRESS			
CITY-ST-ZIP	Tahlequah, OK 74464			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Marc McCormick D 1			3.2 NAME			
STREET ADDRESS	405 May Av.			3.3 STREET ADDRESS			
CITY-ST-ZIP	Tahlequah, OK 74464			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Marc McCormick D 1			4.2 NAME			
STREET ADDRESS	405 May Av.			4.3 STREET ADDRESS			
CITY-ST-ZIP	Tahlequah, OK 74464			4.4 CITY-ST-ZIP			
TITLE	Assistant V	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Alice McCormick D 3			5.2 NAME			
STREET ADDRESS	405 May Av.			5.3 STREET ADDRESS			
CITY-ST-ZIP	Tahlequah, OK 74464			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	50000184395	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	-05/30/96--01017--040		
STREET ADDRESS				6.3 STREET ADDRESS	***61.25		
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 hereby 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: **Marc McCormick** **Marc McCormick P.D.** **5/20/96** **918/456-3867**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)