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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001882 (8)**

1. Corporation Name

INSTITUTE FOR FINANCIAL INDEPENDENCE, INC.



Principal Place of Business 405 MAY AVE TAHLEQUAH OK 74464	Mailing Address 405 MAY AVE TAHLEQUAH OK 74464
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3. Date Incorporated or Qualified

04/20/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business 21 607 Rolling Hills #E Suite, Apt. #, etc. 22 Tahlequah City & State 23 OK Zip 24 74464	2a. Mailing Address 26 607 Rolling Hills Suite, Apt. #, etc. 27 Apt # E City & State 28 Tahlequah OK Zip 29 74464 Country 30 USA
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5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROWLEY, STEVE
4631 NW 31ST AVE
SUITE 128
FORT LAUDERDALE FL 33309**

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 relinquishing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MCCORMICK, MARC	1.2 NAME	MCCORMICK, Marc
STREET ADDRESS	405 MAY AVE	1.3 STREET ADDRESS	607 Rolling Hills, #E
CITY-ST-ZIP	TAHLEQUAH OK 74464	1.4 CITY-ST-ZIP	Tahlequah, OK 74464
TITLE	VD	2.1 TITLE	VD
NAME	MCCORMICK, JOE	2.2 NAME	MCCORMICK, Joe
STREET ADDRESS	405 MAY AVE	2.3 STREET ADDRESS	607 Rolling Hills #E
CITY-ST-ZIP	TAHLEQUAH OK 74464	2.4 CITY-ST-ZIP	Tahlequah, OK 74464
TITLE	AVD	3.1 TITLE	AVD
NAME	MCCORMICK, ALICE	3.2 NAME	MCCORMICK, Alice
STREET ADDRESS	405 MAY AVE	3.3 STREET ADDRESS	607 Rolling Hills #E
CITY-ST-ZIP	TAHLEQUAH OK 74464	3.4 CITY-ST-ZIP	Tahlequah, OK 74464
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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

[Signature]

2-12-98

918/456-3865

CR2E037 (10/97)