

FILE NOW: FILING FEE IS \$61.25

FILED

**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
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21. Principal Place of Business 607 Rolling Hills #E	2a. Mailing Address 607 Rolling Hills
22. Suite, Apt. #, etc. Tahlequah	27. Suite, Apt. #, etc. Apt # E
23. City & State OK	28. City & State Tahlequah OK
24. Zip 74464	25. Country USA
29. Zip 74464	30. Country USA

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

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when relinquishing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	3.1 TITLE AVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. McCormick* 2-12-98 918/456-3865

CFR2E037 (10/97)