

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90075 004 \*\*\*\*61.25

0092043

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000001882

1. Corporation Name

INSTITUTE FOR FINANCIAL INDEPENDENCE, INC.

102696 90075 4

Principal Place of Business

607 ROLLING HILLS #E  
TAHLEQUAH OK 74464  
US

Mailing Address

607 ROLLING HILLS  
APT E  
TAHLEQUAH OK 74464  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
04/20/1995

21 2112 Park Hill Rd

26 2112 Park Hill Rd

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State  
Tahlequah OK

27 City & State  
Tahlequah OK

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip 74464 25 Country USA

29 Zip 74464 30 Country USA

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MCCORMICK, MARC  
STREET ADDRESS 607 ROLLING HILLS #E  
CITY-ST-ZIP TAHLEQUAH OK 74464

1.1 TITLE  
1.2 NAME PD McCormick, Marc  
1.3 STREET ADDRESS 2112 Park Hill Rd.  
1.4 CITY-ST-ZIP Tahlequah, OK 74464

TITLE VD  
NAME MCCORMICK, JOE  
STREET ADDRESS 607 ROLLING HILLS #E  
CITY-ST-ZIP TAHLEQUAH OK 74464

2.1 TITLE VD  
2.2 NAME McCormick, Joe  
2.3 STREET ADDRESS 2112 Park Hill Rd.  
2.4 CITY-ST-ZIP Tahlequah, OK 74464

TITLE AVD  
NAME MCCORMICK, ALICE  
STREET ADDRESS 607 ROLLING HILLS #E  
CITY-ST-ZIP TAHLEQUAH OK 74464

3.1 TITLE AVD  
3.2 NAME McCormick, Alice  
3.3 STREET ADDRESS 2112 Park Hill Rd.  
3.4 CITY-ST-ZIP Tahlequah, OK 74464

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 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, with all other like empowered.

SIGNATURE:

MORE SIGNATURES REQUIRED

1/13/99

Date

918/456-3867

Daytime Phone #

CR2E037 (1/198)