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**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.

Principal Place of Business

607 ROLLING HILLS #E
TAHLEQUAH OK 74464
US

Mailing Address

607 ROLLING HILLS
APT E
TAHLEQUAH OK 74464
US

102696 90075 4



2. Principal Place of Business

21 2112 Park Hill Rd

2a. Mailing Address

26 2112 Park Hill Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Tahlequah OK

27 City & State

28 Tahlequah OK

Zip

Country

24 74464

25 USA

Zip

Country

29 74464

30 USA

3. Date Incorporated or Qualified

04/20/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME McCormick, Marc
1.3 STREET ADDRESS 2112 Park Hill Rd.
1.4 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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

Date

918/456-3867

Daytime Phone #

CR2E037 (11/98)