

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001741

**FILED  
Apr 08, 2019  
Secretary of State  
0293094243CC**

**Entity Name:** THE INSTITUTE FOR HOME-BASED BUSINESSES, INC.

**Current Principal Place of Business:**

3755 W OLD US HIGHWAY 441  
MOUNT DORA, FL 32757

**Current Mailing Address:**

3755 W OLD US HIGHWAY 441  
MOUNT DORA, FL 32757 US

**FEI Number: 65-0657464**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BROWN, TIFFINET M  
866 GRANDIN AVENUE  
SEBASTIAN, FL 32928 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            D  
Name            SEIDMAN, MARVIN B  
Address        3755 W OLD US HIGHWAY 441  
City-State-Zip: MOUNT DORA FL 32757

Title            D  
Name            HARIETT, ROMONA M  
Address        3755 W OLD US HIGHWAY 441  
City-State-Zip: MT DORA FL 32757

Title            DIRECTOR  
Name            SANDERS, NATAVIA  
Address        1304 LOVE ST  
City-State-Zip: SAVANAH GA 31415

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARVIN B SEIDMAN**

**DIRECTOR**

**04/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date