2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2001 8:00 am
Secretary of State
05-15-2001 90142 047 ****61.25

DOCUMENT # N94000002280

1. Entity Name

MA'AT FAMILY INSTITUTE, INCORPORATED

Principal Place of Business	Mailing Address
812 S MACOMB STREET TALLAHASSEE FL 32301	812 S MACOMB STREET TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3251325 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DENNARD, SHARON A 309 KUX AVE TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED DENNARD, SHARON 309 KUX AVE TALLAHASSEE FL 32301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DENNARD, DANA O 309 KUX AVE TALLAHASSEE FL 32301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, ERVIN A 1835 CHATEAU DRIVE WEST CLEARWATER FL 33516 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NERO, GEORGE 2200 WINDMERE RD TALLAHASSEE FL 32311 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HARMAN, BRENDA 1428 DEER HAVEN LANE TALLAHASSEE FL 32303 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER, V-PRESID BRENDA HARMAN ☒ Change ☐ Addition DIRECTOR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Williams, Curtina 1828 Woodgate Way Tallahassee, FL 32308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary ☐ Change ☒ Addition DIRECTOR

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8/6/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment: 11029 #N94000002280

MA'AT FAMILY INSTITUTE, INC.
812 SOUTH MACOMB STREET
TALLAHASSEE, FLORIDA 32301
(850) 681-6610; FAX (850) 681-2838

July 30, 2001

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Division of Corporations:

Please find enclosed the information you requested so that my uniform business report may be filed. If I can provide additional assistance, please contact me.

Sincerely,

Sharon R. Ames-Dennard, Ph.D.
Executive Director