

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 812 S MACOMB STREET TALLAHASSEE FL 32301			Mailing Address 812 S MACOMB STREET TALLAHASSEE FL 32301		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-3251325	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENNARD, SHARON A 309 KUX AVE TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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	ED	☐ Delete	TITLE	☐ Change ☐ Addition	CRE007 (10/00)
NAME	DENNARD, SHARON		NAME		
STREET ADDRESS	309 KUX AVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	DENNARD, DANA O		NAME	DIRECTOR	
STREET ADDRESS	309 KUX AVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	HARRIS, ERVIN A		NAME		
STREET ADDRESS	1835 CHATEAU DRIVE WEST		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33518		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	NERO, GEORGE		NAME	DIRECTOR	
STREET ADDRESS	2200 WINDMERE RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32311		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	HARMAN, BRENDA		NAME	TRANSITION V. President BRENDA JARMON	
STREET ADDRESS	1428 DEER HAVEN LANE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-ST-ZIP		
TITLE	William Curtina	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	1828 Woodgate Way		NAME	Secretary	
STREET ADDRESS	TALLAHASSEE, FL 32308		STREET ADDRESS	DIRECTOR	
CITY-ST-ZIP			CITY-ST-ZIP		
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 <i>Sharon A. Dennard</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment

11029

#N7400000280

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

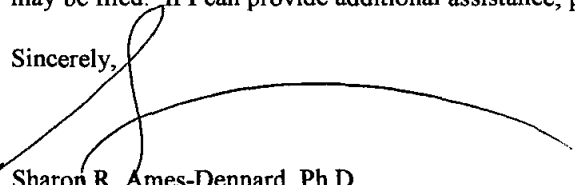
July 30, 2001

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