

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000004294

1. Entity Name
**MULTI EDUCATIONAL CULTURAL CENTER OF THE
ARTS, INC.**



Principal Place of Business
**1610 N. HAYNES ST.
PENSACOLA, FL 32503**

Mailing Address
**1610 N. HAYNES ST.
PENSACOLA, FL 32503**

2. Principal Place of Business

3. Mailing Address
2180 Pleasant Hill Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite A-5, PMB 197

City & State

City & State
Duluth, GA

Zip

Country

Zip
30096

Country
**United States Of
America**

11242004 REIN-NP CR2E099 (6/04)

4. FEI Number
59-3658065

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SABREE, RACHEL M
1610 N. HAYNES ST.
PENSACOLA, FL 32503**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$61.25
After January 1, 2005, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SABREE, RACHEL M**
STREET ADDRESS **1610 N. HAYNES ST.**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **D** ☐ Delete
NAME **LAWRENCE, GARRY J**
STREET ADDRESS **114 N. DEVILLIER ST.**
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **D** ☐ Delete
NAME **ROPER, ANNIE M**
STREET ADDRESS **1404 N. HAYNES ST.**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **D** ☐ Delete
NAME **WILLIAMS, JIMMIE**
STREET ADDRESS **S. HAYNES ST.**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **D** ☐ Delete
NAME **JONES, DIANE**
STREET ADDRESS **204 EMERALD AVE.**
CITY-ST-ZIP **PENSACOLA, FL 32505**

TITLE **D** ☐ Delete
NAME **MUHAMMAD, BILAL**
STREET ADDRESS **901 MASSACHUSETTS AVE., LOT 26**
CITY-ST-ZIP **PENSACOLA, FL 32505**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **EXECUTIVE DIRECTOR** ☒ Change ☐ Addition
NAME **SABREE, RACHEL M.**
STREET ADDRESS **1610 N. HAYNES ST.**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **DEPUTY DIRECTOR/PROJECT MANAGER** ☐ Change ☒ Addition
NAME **MCKINNON, LEE O.**
STREET ADDRESS **2180 PLEASANT HILL RD., STE A-5, 197**
CITY-ST-ZIP **DULUTH, GA, 30096**

TITLE **CHIEF CORRESPONDING OFFICER** ☐ Change ☒ Addition
NAME **MANNING, YVONNE**
STREET ADDRESS **959 CREST RIDGE DR. SW**
CITY-ST-ZIP **MARIETTA, GA 30060**

TITLE ☐ Change ☐ Addition
NAME **500043303745**
STREET ADDRESS **12/09/04--01053--006 **70.00**
CITY-ST-ZIP

TITLE **EXECUTIVE SECRETARY** ☒ Change ☐ Addition
NAME **JONES, DIANE**
STREET ADDRESS **204 EMERALD AVE.**
CITY-ST-ZIP **PENSACOLA, FL 32505**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Lee O. McKinnon

LEE O. MCKINNON

DECEMBER 1, 2004 770-717-0472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #