2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2005
Secretary of State

DOCUMENT# N02000009395

Entity Name: SAKKARA YOUTH INSTITUTE INDEPENDENT SCHOOL INC.

Current Principal Place of Business:

1209 PAUL RUSSELL RD
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1209 PAUL RUSSELL RD
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 02-0660466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AMES-DENNARD, SHARON
316 BARBOURVILLE DR
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: AMES-DENNARD, SHARON
Address: 316 BARBOURVILLE DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP ( ) Delete
Name: DENNARD, DANA O
Address: 316 BARBOURVILLE DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: S ( ) Delete
Name: MCKINNEY, ANTHONY
Address: 3511 LARKCLAY ST
City-St-Zip: TALLAHASSEE, FL 32305

Title: D ( ) Delete
Name: IMANI, IBN
Address: 752 FOREST CIRCLE N
City-St-Zip: HAVANA, FL 32333

Title: D ( ) Delete
Name: AMES, CONNELL
Address: 812 S MACOMB ST
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SHARON AMES-DENNARD P 09/05/2005
Electronic Signature of Signing Officer or Director — Date