


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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|---|--|--|---|--|--|
| DOCUMENT # N02000009395 | | | |  | |
| 1. Entity Name SAKKARA YOUTH INSTITUTE INDEPENDENT SCHOOL INC. | | | | | |
| Principal Place of Business 1209 PAUL RUSSELL RD TALLAHASSEE, FL 32301 | | | Mailing Address 1209 PAUL RUSSELL RD TALLAHASSEE, FL 32301 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 02-0660466 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent AMES-DENNARD, SHARON 316 BARBOURVILLE DR TALLAHASSEE, FL 32301 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT AMES-DENNARD, SHARON 316 BARBOURVILLE DR TALLAHASSEE, FL 32301 | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700103907587 06/05/07--01015--015 **361.25 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DENNARD, DANA O 316 BARBOURVILLE DR TALLAHASSEE, FL 32301 | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D IMANI, IBN 752 FOREST CIRCLE N HAVANA, FL 32333 | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AMES, CONNELL 812 S MACOMB ST TALLAHASSEE, FL 32301 | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: 5/21/07 Daytime Phone #: _____ | | |

FILED
07 MAY 21 PM 3:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



05212007 Chg-NP CR2E037 (12/06)