

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90041 007 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0660466

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P/T** ☐ Delete
NAME **AMES-DENNARD, SHARON**
STREET ADDRESS **316 BARBOURVILLE DR**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **VP** ☐ Delete
NAME **DANA O. DENNARD**
STREET ADDRESS **316 BARBOURVILLE DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **S** ☐ Delete
NAME **MCKINNEY, ANTHONY**
STREET ADDRESS **3511 LARKWAY ST.**
CITY-ST-ZIP **TALLAHASSEE, FL 32305**

TITLE **D** ☐ Delete
NAME **IMANI, IBN**
STREET ADDRESS **152 FOREST CIRCLE N.**
CITY-ST-ZIP **HAVANA, FL 32333**

TITLE **D** ☐ Delete
NAME **AMES, CONNELL**
STREET ADDRESS **812 S. MADAME ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/1/03

CR2E037 (10/02)