

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

0007354

DOCUMENT # N93000000019

1. Entity Name
INSTITUTE FOR AFRICAN-AMERICAN HEALTH, INC.



FILED

03 MAR 12 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~1214 N MAGNOLIA DRIVE~~ 2048 Centre Pointe Lane
TALLAHASSEE FL 32308
US

Mailing Address
P.O. BOX 15184
TALLAHASSEE FL 32317-5184



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2048 Centre Pointe Lane
Suite, Apt. #, etc.

3. Mailing Address
2048 Centre Pointe Lane
Suite, Apt. #, etc.

City & State
Tallahassee, FL 32308
Zip

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Tallahassee, FL 32308
Zip

4. FEI Number 59-3179419

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEBSTER, JOSEPH L SR
~~1214 N MAGNOLIA DRIVE~~ 2048 Centre Pointe Lane
TALLAHASSEE FL 32308

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WEBSTER, JOSEPH L S SR 1214 N MAGNOLIA DR 2048 Centre Pointe Lane TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BYRD, HAROLD 6486 S. WINDWOOD HILLS CIRCLE TALLAHASSEE FL 32311-9322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BYRD, CLINTON 6496 S. WINDWOOD HILLS CIRCLE TALLAHASSEE FL 32311-9322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	600014903376 03/28/03--01028--016 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Harold E. Byrd* 3/12/03 850-656 9545

CR2E037 (10/02)