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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90029 032 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002280
 1. Corporation Name
MA'AT FAMILY INSTITUTE, INCORPORATED

Principal Place of Business 812 S MACOMB STREET TALLAHASSEE, FL 32301	Mailing Address 812 S MACOMB STREET TALLAHASSEE FL 32301
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499220-90029-32



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/04/1994
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 59-3251325
23. City & State	2c. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	2d. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent DENNARD, SHARON A 309 KUX AVE TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE EXECUTIVE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DENNARD, SHARON		1.2 NAME	
STREET ADDRESS 309 KUX AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32301		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DENNARD, DANA O		2.2 NAME	
STREET ADDRESS 309 KUX AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32301		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRIS, ERVIN A		3.2 NAME	
STREET ADDRESS 1035 CHATEAU DRIVE WEST		3.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 33516		3.4 CITY-ST-ZIP	
TITLE TREASURER	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GEORGE NORD		4.2 NAME	
STREET ADDRESS 2200 WINOMORE ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP TALL FL 3 32311		4.4 CITY-ST-ZIP	
TITLE SECRETARY	<input type="checkbox"/> DELETE	5.1 TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRENDA JARMAN		5.2 NAME	
STREET ADDRESS FL Dept of State walk.		5.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32306		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 _____ 4/19/99 850-681-6660
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)