

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000001374

Entity Name: SOUTHFACE ENERGY INSTITUTE, INC.**Current Principal Place of Business:**241 PINE STREET NE
ATLANTA, GA 30308**Current Mailing Address:**241 PINE STREET NE
ATLANTA, GA 30308 US**FEI Number: 58-1357547****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US*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

Officer/Director Detail :

Title PRESIDENT
Name PINABELL, ANDREA
Address 241 PINE STREET NE
City-State-Zip: ATLANTA GA 30308

Title SECRETARY, DIRECTOR
Name RUMLEY, MAKARA
Address 241 PINE STREET NE
City-State-Zip: ATLANTA GA 30308

Title TREASURER, DIRECTOR
Name DESAI, NEIL
Address 241 PINE STREET NE
City-State-Zip: ATLANTA GA 30308

Title DIRECTOR
Name BOYLE, CHRIS
Address 2239 LEAFMORE DRIVE
City-State-Zip: DECATUR GA 30033

Title DIRECTOR
Name TYRONE, RACHAL
Address 2007 HOWARD CIRCLE NE
City-State-Zip: ATLANTA GA 30307

Title DIRECTOR
Name YORK, LIZ
Address 1600 CLIFTON ROAD NE
 MS F-05
City-State-Zip: ATLANTA GA 30329

Title DIRECTOR
Name BUCHANAN, GEORGE
Address 1372 PEACHTREE STREET NE
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name DOUGLAS, KEITH
Address 990 HAMMOND DRIVE STE 1100
City-State-Zip: SANDY SPRINGS GA 30328

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I hereby 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 all other like empowered.

SIGNATURE: ANDREA PINABELL**PRESIDENT****04/30/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GOLDMAN, BARRY
Address 241 PINE STREET NE
City-State-Zip: ATLANTA GA 30308

Title DIRECTOR
Name LANIER, JOHN
Address 210 WARREN STREET
City-State-Zip: ATLANTA GA 30317

Title DIRECTOR
Name MCENVOY, PAULA
Address 1315 PEACHTREE STREET NE
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name SELLERS, WILL
Address 4302 WOODHAVEN WAY SE
City-State-Zip: SMYRNA GA 30082

Title DIRECTOR
Name MOORE, ELIZABETH
Address 241 PINE STREET NE
City-State-Zip: ATLANTA GA 30308

Title DIRECTOR
Name HINTON, JOHN
Address 3414 PEACHTREE RD NE STE 1600
City-State-Zip: ATLANTA GA 30326

Title DIRECTOR
Name MARLOW, LAURA
Address 4820 SUMMERFORD DR
City-State-Zip: DUNWOOD GA 30338

Title DIRECTOR
Name RADLMAN, DAVE
Address 241 PINE STREET NE
City-State-Zip: ATLANTA GA 30308

Title DIRECTOR
Name WALKER, NIKKI
Address 2717 CASCADE RD
City-State-Zip: ATLANTA GA 30311

Title DIRECTOR
Name REITH, CHARLES
Address 241 PINE STREET NE
City-State-Zip: ATLANTA GA 30308