## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000007223

Entity Name: THE SANKOFA VISION GROUP, INC.

FILED
Apr 22, 2024
Secretary of State
7414556511CC

## **Current Principal Place of Business:**

C/O FELTON-HOWARD LAW PPLC 5203 CENTRAL AVENUE ST. PETERSBURG, FL 33710

## **Current Mailing Address:**

C/O FELTON-HOWARD LAW PPLC 5203 CENTRAL AVENUE ST. PETERSBURG, FL 33710 US

FEI Number: 93-2762680 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FELTON-HOWARD, TAMARA ESQ. 5203 CENTRAL AVENUE ST. PETERSBURG, FL 33710 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

Officer/Director Detail:

Title D Title D

Name GALLARDO, GYPSY C Name REV. LOUIS MURPHY MT. ZION PMBC

Address 2900 DESOTO WAY SOUTH Address 955 20TH STREET SOUTH

City-State-Zip: ST. PETERSBURG FL 33712 City-State-Zip: ST. PETERSBURG FL 33712

Title D Title D

Name FELTON-HOWARD, TAMARA ESQ. Name ALBERT LEE, TAMPA BAY BLACK BIC
Address 5203 CENTRAL AVENUE Address 1920 E. HILLSBOROUGH AVE 2ND FL

City-State-Zip: ST. PETERSBURG FL 33712 City-State-Zip: TAMPA FL 33610

Title [

Name NIKKI GASKIN-CAPEHART, PINELLAS

COUNTY URBAN LEAG

Address 333 31ST STREET N.

City-State-Zip: ST. PETERSBURG FL 33713

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: TAMARA FELTON-HOWARD

**DIRECTOR** 

04/22/2024

Date