

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90005 031 ****61.25

DOCUMENT # N01000001822

1. Entity Name
SANKOFA, INC.



Principal Place of Business
1200 BRICKELL AVENUE
950
MIAMI, FL 33131

Mailing Address
150 SE 2ND AVE STE 913
MIAMI, FL 33131

54064870



2. Principal Place of Business
2005 Biscayne Blvd
Suite, Apt. #, etc.
2680

3. Mailing Address
Same.

07192004 Chg-NP CR2E037 (10/03)

City & State
Miami

City & State

4. FEI Number
65-1105870

Applied For
Not Applicable

Zip
33131

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

HILL, MARLON A
1200 BRICKELL AVE.
SUITE 950
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name MARLON HILL
Street Address (P.O. Box Number is Not Acceptable)
2005 Biscayne Blvd, Suite 2680
City Miami FL Zip Code 33131

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

Filing Fee is \$61.25
Due by September 8, 2004

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	Director	<input type="checkbox"/> Delete
NAME	FRAZIER, RON	
STREET ADDRESS	900 NE 97TH STREET	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	Director	<input type="checkbox"/> Delete
NAME	SMITH, H T	
STREET ADDRESS	1017 NW 9TH CT	
CITY-ST-ZIP	MIAMI, FL 33136	
TITLE	Director	<input type="checkbox"/> Delete
NAME	METELLUS, GERRIE Gepsie	
STREET ADDRESS	74 NW 108TH ST	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	Director	<input type="checkbox"/> Delete
NAME	HARTLEY, BRODES	
STREET ADDRESS	7800 SW 170TH STREET	
CITY-ST-ZIP	MIAMI, FL 33154	
TITLE	Director	<input type="checkbox"/> Delete
NAME	HILL, MARLON A	
STREET ADDRESS	13525 SW 119 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ikpe, Nsidiibe	
STREET ADDRESS	13551 SW 62nd Avenue	
CITY-ST-ZIP	Miami FL 33156	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moise, Rudolph	
STREET ADDRESS	1717 N. Bayshore Drive, Suite 3032	
CITY-ST-ZIP	Miami FL 33132	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adams Nelson	
STREET ADDRESS	1098 NE 95th St.	
CITY-ST-ZIP	Miami Shores, FL 33138	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/04 786-777-0884