## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000008738

YOUNG, FRANK

621 WATER STREET #408

NEW YORK, NY 10002

Name:

Address:

City-St-Zip:

FILED May 01, 2004 Secretary of State

**Entity Name: SANKOFA LEARNING CENTER INC Current Principal Place of Business: New Principal Place of Business:** 11789 CHERRY BARK DRIVE EAST JACKSONVILLE, FL 32218 **Current Mailing Address: New Mailing Address:** 11789 CHERRY BARK DRIVE EAST JACKSONVILLE, FL 32218 FEI Number: 76-0718308 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GAMBLE, MICHELLE 11789 CHERRY BARK DRIVE EAST JACKSONVILLE, FL 32218 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition GAMBLE, MICHELLE Name: Name: Address: 11789 CHERRY BARK DRIVE EAST Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GAMBLE, WILBERT Name: Address: 11789 CHERRY BARK DRIVE EAST Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: () Delete Title: () Change () Addition YOUNG, LORNA Name: Name: 1354 ST. MARKS AVENUE Address: Address: City-St-Zip: BROOKLYN, NY 11233 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

YOUNG, FRANK

1354 ST MARKS AVE

BROOKLYN, NY 11233

SIGNATURE: MG D 05/01/2004