

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008738

FILED
Jan 30, 2007
Secretary of State

Entity Name: SANKOFA LEARNING CENTER INC

Current Principal Place of Business:

2932 N CLOUGH BAY RD
WAYCROSS, GA 31503

New Principal Place of Business:

Current Mailing Address:

2932 N CLOUGH BAY RD
WAYCROSS, GA 31503

New Mailing Address:

FEI Number: 76-0718308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANTOINE, MARGARET
1431 SILVER ST
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: GAMBLE, MICHELLE
Address: 2932 N CLOUGH BAY RD
City-St-Zip: WAYCROSS, GA 31503

Title: D () Delete
Name: GAMBLE, WILBERT
Address: 2932 N CLOUGH BAY RD
City-St-Zip: WAYCROSS, GA 31503

Title: D () Delete
Name: YOUNG, LORNA
Address: 1354 ST. MARKS AVENUE
City-St-Zip: BROOKLYN, NY 11233

Title: D () Delete
Name: YOUNG, FRANK
Address: 1354 ST MARKS AVE
City-St-Zip: BROOKLYN, NY 11233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: YOUNG, FRANK
Address: 2459 SPRUCE DRIVE, RR2 POBOX 57
City-St-Zip: CANADENSIS, PA 18325

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: MICHELLE GAMBLE

D

01/30/2007

Electronic Signature of Signing Officer or Director

_____ Date