

# 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