## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008365

Entity Name: NOKUSE EDUCATION, INC.

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

11490 EMERALD COAST PARKWAY SUITE 300 MIRAMAR BEACH, FL 32550

Current Mailing Address: New Mailing Address:

11490 EMERALD COAST PARKWAY SUITE 300 MIRAMAR BEACH, FL 32550

FEI Number: 65-1290397 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:

WILKS, DIANE WILKS, DIANE

651 DON BISHOP ROAD 11490 ÉMERALD COAST PKWY

SANTA ROSA BEACH, FL 32459 US STE 300 MIRAMAR BEACH, FL 32550 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.

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PSTD ( ) Delete Title: PSTD (X) Change ( ) Addition

Name: DAVIS, M C Name: DAVIS, M C Address: 651 DON BISHOP ROAD Name: DAVIS, M C 11490 EMERALD COAST PKWY, STE 300

City-St-Zip: SANTA ROSA BEACH, FL 32459 Address: 11490 EMERALD COAST PRVVY, STE 300

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: WILKS, DIANE Name: WILKS, DIANE

Address: 651 DON BISHOP ROAD Address: 11490 EMERALD COAST PKWY, STE 300

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: MIRAMAR BEACH, FL 32550

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

Name: ARESCO, MATT Name: ARESCO, MATT

Address: 651 DON BISHOP ROAD Address: 11490 EMERALD COAST PKWY, STE 300

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GRAFF, SANDY
 Name:

 Address:
 500 CREEKWOOD KENNEL LANE
 Address:

 City-St-Zip:
 FREEPORT, FL 32439
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SCALLY, CHRISTINA
 Name:
 SCALLY, CHRISTINA

 Address:
 539 CALLE ESCADA
 Address:
 653 DON BISHOP ROAD

 City-St-Zip:
 SANTA ROSA BEACH, FL 32459
 City-St-Zip:
 SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify 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: DIANE WILKS VPD 04/22/2008