

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010733

Entity Name: ROKEL CHARITIES, INC

FILED  
Apr 22, 2009  
Secretary of State

## Current Principal Place of Business:

2822 SPOONBILL TRAIL  
ORANGE PARK, FL 32073

## New Principal Place of Business:

## Current Mailing Address:

2822 SPOONBILL TRAIL  
ORANGE PARK, FL 32073

## New Mailing Address:

FEI Number: 26-1103761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEGAUJA, TANABA  
2822 SPOONBILL TRAIL  
ORANGE PARK, FL 32073 US

## Name and Address of New Registered Agent:

NGAUJA, TAMBA  
2822 SPOONBILL TRAIL  
ORANGE PARK, FL 32073 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.

SIGNATURE: TAMBA NGAUJA

04/22/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ADAMS, AKIE  
Address: 4536 SHILOH MILL BLVD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: EVANS, KINGSTON  
Address: 2111 ELDER STREET  
City-St-Zip: READING, PA 19604

Title: D ( ) Delete  
Name: TUCKER, GLADSTONE MD  
Address: 1606 CASTLEBERRY DR.  
City-St-Zip: MARION, IL 62959

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Name: TUCKER, GLADSTONE MD  
Address: 1606 CASTLEBERRY DR.  
City-St-Zip: MARION, IL 62959

Title: D ( ) Delete  
Name: MOIJUEH, DANIEL  
Address: 7841 CROSSBAY DR  
City-St-Zip: SERVEN, MD 21144

Title: D ( ) Delete  
Name: TEMPLE, DONALD F MD  
Address: 508 W MARTIN LUTHER KING JR. BLVD  
City-St-Zip: TAMPA, FL 33603

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: JUSU, MICHAEL D  
Address: 1140 SUNRAY COURT  
City-St-Zip: JACKSONVILLE, FL 32218

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

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: AKIE ADAMS

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date