

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010479

FILED
Aug 31, 2009
Secretary of State

Entity Name: SANKOFA ROSE, INC

Current Principal Place of Business:

6656 GEORGIA JACK DRIVE
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

6656 GEORGIA JACK DRIVE
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET, 4TH FLOOR
MIAMI, FL 33145 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HEARD, ALICE
Address: 6656 GEORGIA JACK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: DVP () Delete
Name: CLARK, PAULETTE
Address: 6656 GEORGIA JACK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: DT () Delete
Name: HEARD, JHAMAL
Address: 6656 GEORGIA JACK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: DS () Delete
Name: NELSON, ANGELA
Address: 6656 GEORGIA JACK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

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: () 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: ALICE HEARD

DP

08/31/2009

Electronic Signature of Signing Officer or Director

Date