

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008517

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** SANKOFA: THE GHANA CHILDREN'S CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

4601 PONCE DE LEON BLVD  
SUITE 300  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4601 PONCE DE LEON BLVD  
SUITE 300  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 27-1250214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERRIN, VALERIE  
4601 PONCE DE LEON BLVD  
SUITE 300  
CORAL GABLES, FL 33146 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:** P/D  
**Name:** BERRIN, VALERIE R  
**Address:** 4601 PONCE DE LEON BLVD, SUITE 300  
**City-St-Zip:** CORAL GABLES, FL 33146

**Title:** S/D  
**Name:** MECARO, TONI  
**Address:** 1626 JEFFREY AVENUE  
**City-St-Zip:** ESCONDIDO, CA 92027

**Title:** D  
**Name:** GOSSETT, JANINE  
**Address:** 645 ALPINE HEIGHTS ROAD  
**City-St-Zip:** ALPINE, CA 91901

**Title:** D  
**Name:** RIGGS, HEATHER  
**Address:** 2115 W CATON, APT 1  
**City-St-Zip:** CHICAGO, IL 60647

I hereby 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 all other like empowered.

**SIGNATURE:** VALERIE BERRIN

P/D

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date