

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000003997

1. Entity Name

GOOD KNIGHT CHILD EMPOWERMENT NETWORK INC.

FILED

Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90066 044 ****70.00

Principal Place of Business

4805 SELLMAN ROAD
BELTSVILLE MD 20705

Mailing Address

BOX 901
BELTSVILLE MD 20705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-1443773

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARSON, KEITH
3695-B SAVOY LANE
WEST PALM BEACH FL 33417

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
ZUMWALT, JAMES G
STREET ADDRESS BOX 901 (N/A)
CITY-ST-ZIP BELTSVILLE MD 20705

TITLE NAME ☒ Change ☐ Addition
1831 Wiehle Ave #103
STREET ADDRESS Reston VA 20190
CITY-ST-ZIP

TITLE NAME ☐ Delete
V COOPER, JACQUELINE
STREET ADDRESS BOX 901 (N/A)
CITY-ST-ZIP BELTSVILLE MD 20705

TITLE NAME ☒ Change ☐ Addition
4605 Sellman Road
STREET ADDRESS Beltsville MD 20705
CITY-ST-ZIP

TITLE NAME ☐ Delete
S CLARKE, DIANE
STREET ADDRESS BOX 901 (N/A)
CITY-ST-ZIP BELTSVILLE MD 20705

TITLE NAME ☒ Change ☐ Addition
2811 Nomad Ct East
STREET ADDRESS Bowie MD 20716
CITY-ST-ZIP

TITLE NAME ☐ Delete
T SEVILLA, JUNE
STREET ADDRESS BOX 901 (N/A)
CITY-ST-ZIP BELTSVILLE MD 20705

TITLE NAME ☒ Change ☐ Addition
403 Calvert Blvd POB 354
STREET ADDRESS Solomons MD 20688
CITY-ST-ZIP

TITLE NAME ☐ Delete
C CASCIO, MARIA
STREET ADDRESS BOX 901 (N/A)
CITY-ST-ZIP BELTSVILLE MD 20705

TITLE NAME ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE NAME ☐ Delete
VC MASTBROOK, NANCY
STREET ADDRESS BOX 901 (N/A)
CITY-ST-ZIP BELTSVILLE MD 20705

TITLE NAME ☒ Change ☐ Addition
3602 Bear Tree Ct #22
STREET ADDRESS Silver Spring MD 20906
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02 301-595-8989

CR2E037 (9/01)