

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003997

FILED  
Aug 23, 2006  
Secretary of State

**Entity Name:** GOOD KNIGHT CHILD EMPOWERMENT NETWORK INC.

**Current Principal Place of Business:**

4605 SELLMAN ROAD  
BELTSVILLE, MD 20705

**New Principal Place of Business:**

**Current Mailing Address:**

BOX 901  
BELTSVILLE, MD 20705

**New Mailing Address:**

**FEI Number:** 52-1443773      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

CARSON, KEITH  
P.O. BOX 5686  
LAKE WORTH, FL 33466 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 ( ) Delete  
Name: MALINOWSKI, LEONARD  
Address: 13611 SIR THOMAS WAY # 23  
City-St-Zip: SILVER SPRING, MD 20904

Title: V ( ) Delete  
Name: COOPER, JACQUELINE  
Address: 4605 SELLMAN ROAD  
City-St-Zip: BELTSVILLE, MD 20705

Title: S ( ) Delete  
Name: ROBINSON, LEAH  
Address: 2011 WOODLEEVE RD  
City-St-Zip: HYATTSVILLE, MD

Title: T ( ) Delete  
Name: GATES, DAWN  
Address: 108 BALTIMORE AVE  
City-St-Zip: STEVENSVILLE, MD 21666

Title: C ( ) Delete  
Name: CASCIO, MARIA  
Address: BOX 901 (N/A)  
City-St-Zip: BELTSVILLE, MD 20705

Title: D ( ) Delete  
Name: ROBERT, VRBENSKY  
Address: 1609 WOODVIEW COURT  
City-St-Zip: CROFTON, MD 21114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: COOPER, JACQUELINE  
Address: 4605 SELLMAN ROAD  
City-St-Zip: BELTSVILLE, MD 20705

Title: V (X) Change ( ) Addition  
Name: ROBINSON, LEAH  
Address: 2011 WOODLEEVE RD  
City-St-Zip: HYATTSVILLE, MD

Title: T (X) Change ( ) Addition  
Name: SEVILLA, JUNE  
Address: P.O. BOX 354, COVE POINT  
City-St-Zip: SOLOMONS, MD 20688

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 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: MARIA CASCIO

C

08/23/2006

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

\_\_\_\_\_  
Date