

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 18, 2003 8:00 am
Secretary of State

1/1

01-16-2003 90097 001 ****61.25

DOCUMENT # N02000005530

1. Entity Name
GOD KAMP, CORP.



Principal Place of Business
**17921 NW 23RD AVE
CAROL CITY FL 33056**

Mailing Address
**17921 NW 23RD AVE
CAROL CITY FL 33056**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number
16-1620163

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MAHMOOD, KHALID A
17921 NW 23RD AVE
CAROL CITY FL 33056**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD KHALID, MAHMOOD A	<input type="checkbox"/> Delete
STREET ADDRESS	17921 NW 23RD AVE	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE NAME	D SCAVELLA, SARAH V	<input type="checkbox"/> Delete
STREET ADDRESS	17921 NW 23RD AVE	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE NAME	D FERGUSON, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	17921 NW 23RD AVE	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE NAME	V STUART, JAMES V	<input type="checkbox"/> Delete
STREET ADDRESS	17921 NW 23RD AVE	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE NAME	F FLEMING, REGINALD D	<input type="checkbox"/> Delete
STREET ADDRESS	17921 NW 23RD AVE	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE NAME	S FLEMING, JACQUELINE M	<input type="checkbox"/> Delete
STREET ADDRESS	17921 NW 23RD AVE	
CITY-ST-ZIP	CAROL CITY FL 33056	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DAVID EARL Strong M.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	16071 S.W. 49th CT	
CITY-ST-ZIP	Miramar, FL 33027-4940	
TITLE NAME	DANNY Felton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	190 NE 199 th st suite 204	
CITY-ST-ZIP	North Miami beach, FL 33179	
TITLE NAME	Rev. Richard Bennett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6801 N.W. 15th AVE	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: **KHALID MAHMOOD** 1-13-03 305 620-0436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)