

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

3. Mailing Address

Suite, Apt. #, etc.

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**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KHALID, MAHMOOD A
17921 NW 23RD AVE
CAROL CITY FL 33056** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCAVELLA, SARAH V
17921 NW 23RD AVE
CAROL CITY FL 33056** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FERGUSON, FRANK
17921 NW 23RD AVE
CAROL CITY FL 33056** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
STUART, JAMES V
17921 NW 23RD AVE
CAROL CITY FL 33056** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**F
FLEMING, REGINALD D
17921 NW 23RD AVE
CAROL CITY FL 33056** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FLEMING, JACQUELINE M
17921 NW 23RD AVE
CAROL CITY FL 33056** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DAVID EARL Strong M.D
1607 S.W. 49th CT
Miramar, FL 33027-4940** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DANNY Felton
190 NE 199th St Suite 204
North Miami beach, FL 33179** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Rev. Richard Bennett
6801 N.W. 15th Ave
MIAMI, FL 33147** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03

Date

305 620-0436

Daytime Phone #

CR2E037 (10/02)