

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000008440	
1. Entity Name GOD'S CHILDREN'S CLUB, INC.	
Principal Place of Business 1233 NW 24 ST MIAMI, FL 33142	Mailing Address 1233 NW 24 ST MIAMI, FL 33142



DO NOT WRITE IN THIS SPACE

08062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 05-0571391	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, EARNEST
1233 NW 24 ST
MIAMI, FL 33142

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, EARNEST 1233 NW 24 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, LETARIA 1233 NW 24 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEATHAM, RAYMOND 2833 S. OAKLAND FOREST DR., #104 OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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-08/11/05-80003-005 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Earrest Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-08-05 305-634-3040
Date Daytime Phone #