

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

4/17/2003-90202-022-\$70.00-\$70.00

**FILED**

03 JUN -6 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N02000008440**

1. Entity Name  
**GOD'S CHILDREN'S CLUB, INC.**



Principal Place of Business Mailing Address  
1233 NW 24 ST 1233 NW 24 ST  
MIAMI FL 33142 MIAMI FL 33142

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 **05-0571391** Applied For Not Applicable

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

CHECK HERE IF MAKING CHANGES **03**

6. Name and Address of Current Registered Agent  
**JOHNSON, EARNEST  
1233 NW 24 ST  
MIAMI FL 33142**

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 re-registering) DATE \_\_\_\_\_

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	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, EARNEST</b>
STREET ADDRESS	<b>1233 NW 24 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33142</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T Letavia Reid-Johnson</b>
STREET ADDRESS	<b>1233 NW 24 Street</b>
CITY-ST-ZIP	<b>Miami, FL 33142</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Raymond-Cheatham</b>
STREET ADDRESS	<b>2833 S. Oakland Forest Dr. #104</b>
CITY-ST-ZIP	<b>Oakland Park, FL 33309</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(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 917, 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 RE: Raymond-Cheatham** 04-15-03 / 305-510-4858 / 305-634-3040

CR20037 (10/02)

13