FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 17 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****130.00 ****130.00

DOCUMENT # **N25776** **(8)**

1. Corporation Name
GETHSEMANE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
2409 NW 79TH STREET MIAMI FL 33147-4929	2409 NW 79TH STREET MIAMI FL 33147-4929

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1988
3a. Date of Last Report: 06/17/1994
4. FEI Number: 59-0884031 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

EDWARDS, T.J.
2409 N.W. 79TH ST.
MIAMI FL 33149

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EDWARD, T.J.	12 NAME	
STREET ADDRESS	9968 NW 25TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	HENRY, EUGENE	22 NAME	
STREET ADDRESS	2508 N.W. 104 TER	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	WASHINGTON, OSIE	32 NAME	
STREET ADDRESS	1670 N.W. 85 ST	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	KITTLES, RUBY	42 NAME	
STREET ADDRESS	5501 N.W. 175 ST.	43 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, CHARLIE III	52 NAME	
STREET ADDRESS	16810 NW 39TH COURT	53 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

SSJ 5/17/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T. J. EDWARDS 2-25-95 (305)693-0475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T.J. Edwards

004290