2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N25776

Entity Name: GETHSEMANE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

2409 NW 79TH STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

2409 NW 79TH STREET
MIAMI, FL 33147

New Mailing Address:

FEI Number: 59-0884031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	EDWARD, T.J.	
Address:	9968 NW 25TH AVE.	
City-St-Zip:	MIAMI, FL	
Title:	CD	( ) Delete
Name:	EDWARDS, EZEKIEL	
Address:	905 NW 123RD STREET	
City-St-Zip:	MIAMI, FL 33142	
Title:	SD	( ) Delete
Name:	WASHINGTON, OSIE	
Address:	1670 N.W. 85 ST	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	KITTLES, RUBY	
Address:	5501 N.W. 175 ST.	
City-St-Zip:	OPA LOCKA, FL	
Title:	D	( ) Delete
Name:	GRIFFIN, ZELMA	
Address:	3169 NW 44 ST	
City-St-Zip:	MIAMI, FL 33142	
Title:	D	( ) Delete
Name:	WILLIAMS, LASHAWN	
Address:	905 NW 123RD STREET	
City-St-Zip:	MIAMI, FL 33168	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BAKER, LASHAWN	
Address:	905 NW 123RD STREET	
City-St-Zip:	MIAMI, FL 33168	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. TJ EDWARDS PD 04/13/2009

Electronic Signature of Signing Officer or Director — Date