

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90131 002 ****61.25

DOCUMENT # N25776

1. Entity Name
GETHSEMANE MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

**2409 NW 79TH STREET
MIAMI FL 33147**

Mailing Address

**2409 NW 79TH STREET
MIAMI FL 33147**

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 **59-0884031**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARD, T.J. 9968 NW 25TH AVE. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HENRY, EUGENE 2508 N.W. 104 TER MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WASHINGTON, OSIE 1670 N.W. 85 ST MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KITLES, RUBY 5501 N.W. 175 ST. OPA LOCKA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIFFIN, ZELMA 3169 NW 44 ST MIAMI FL 33142	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, LASHAWN 905 NW 123RD STREET MIAMI FL 33168	☐ Delete

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
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:

T. Edwards **REQUIRE** **J. Edwards** 4-29-03 (305) 693-0475

CR2E037 (10/02)