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

DOCUMENT # **N25776**

1. Entity Name

GETHSEMANE MISSIONARY BAPTIST CHURCH, INC.



FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90131 002 ****61.25

City & State Country S. Certificate of Status Desired \$8.75 \$9.75									
Suite Apt. #, etc. CHECK HERE IF,MAKING CHANG City & State City & State City & State Country S. Certificate of Status Desired S8.75 Fee Reg. 5. Name and Address of Current Registered Agent Name EDWARDS, T.J. 2409 N.W. 79TH ST. MIAMI FL 33149 City Street Address (PO Box Number is Not Acceptable) City FL Zip C Since the above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with so obligations of registered agent, or both, in the State of Florida. I am familiar with so obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campalign Financing S5.00 May Be Added to Fees Added to F	2409 NW 79TH STREET		2409 NW 79TH STREET		1 / 4 0 (2) 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	S MILITI (A A II SANSA A III A KANI A IA II S		 	
City & State Country Country 5. Cartificate of Status Desired \$8.75 Fee Reg 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDWARDS, T.J. 2409 N.W. 79TH ST. MIAMIF FL 33149 City FL Zip C Added to Fees B Make Check Payalf Floridal Department of Make Check Payalf Floridal Make Check Payalf Floridal Name Check Payalf Floridal Name Check Payalf Floridal Name Check Payalf Floridal Name Check Payalf F	2. Principal P	Place of Business	3. Mailing Address						
City & State City & State City & State City & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
EDWARDS, T.J. 2409 N.W. 79TH ST. MIAMI FL 33149 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 wither obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Additions/Changes to OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	City & State		City & State	City & State		0884031		plied For t Applicable	
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2409 N.W. 79TH ST. MIAMI FL 33149 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 we the obligations of registered agent. SIGNATURE Supnature, lyoad or printed name of registered agent and title if replicative. (NOTE Registered Agent algorative received when revisations) DATE				Name					
MIAMI FL 33149 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 obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when renations) DATE				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar we the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when revestating) DATE	MIAMI FL	. 33149							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE				City		FL	Zip Code	e	
Trust Fund Contribution. Added to Fees Florida Department of Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ITILE () NAME PD EDWARD, T.J. STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE SD MAME WASHINGTON, OSIE STREET ADDRESS CITY-ST-ZIP TITLE SD MIAMI FL TITLE SD STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE SD MIAMI FL TITLE SD STREET ADDRESS CITY-ST-ZIP TITLE SD STREET ADDRESS CITY-ST-ZIP TITLE SD STREET ADDRESS CITY-ST-ZIP TO PAR LOCKA FL TO PAR LOCKA FL TO PAR LOCKA FL TO PAR LOCKA FL TITLE STREET ADDRESS CITY-ST-ZIP TO PAR LOCKA FL TITLE CITY-ST-ZIP TO PAR LOCKA FL TITLE SD STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TO PAR LOCKA FL TITLE SD STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE SD STREET ADDRESS CITY-ST-ZIP TITLE SD STREET	the obligat	tions of registered agent.				•	miliar with,	and accept	
TITLE	Trust Fund Co 10. OFFICERS AND DIRECTORS			Contribution.	Added to Fees Florida Department of State				
TITLE	NAME STREET ADDRESS	PD EDWARD, T.J. 9968 NW 25TH AVE.		TITLE NAME STREET ADDRESS	765HOTO, 6HANGE		☐ Change	Addition	
NAME STREET ADDRESS 1670 N.W. 85 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL Delete TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL CITY-ST-ZIP CITY-ST-ZI	TITLE NAME STREET ADDRESS	CD HENRY, EUGENE 2508 N.W. 104 TER	☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
TITLE SD Delete TITLE TITLE Chan NAME KITTLES, RUBY NAME NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	WASHINGTON, OSIE 1670 N.W. 85 ST	☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
	NAME STREET ADDRESS	SD KITTLES, RUBY 5501 N.W. 175 ST.	☐ Delete	NAME STREET ADDRESS	•		☐ Change	☐ Addition	
TITLE SU L Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 L Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 L Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	SD GRIFFIN, ZELMA 3169 NW 44 ST	☐ Delete	STREET ADDRESS			☐ Change	Addition	
	TITLE NAME STREET ADDRESS	SD WILLIAMS, LASHAWN 905 NW 123RD STREET MIAMI FL 33168		NAME STREET ADDRESS CITY-ST-ZIP		· .	☐ Change	Addition	

I nereby certify that the information supplied with this filling 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.