

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000000750 (0)**

1. Corporation Name

**GETSEMANI ASSEMBLY OF GOD OF GAINESVILLE, FLORID
A, INC.**

Principal Place of Business

**719 NW 40TH AVENUE
GAINESVILLE FL 32609
US**

Mailing Address

**P.O. BOX 4116
GAINESVILLE FL 32613-4116
US**



3. Date Incorporated or Qualified
03/18/1993

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3164570

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**

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROJAS, RAMON J
3631 N.W. 19TH ST.
GAINESVILLE FL 32605**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Ramon J Rojas
Signature, typed or printed name of registered agent and title if applicable

Ramon J Rojas

March 1, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ROJAS, RAMON J**
STREET ADDRESS **3631 N.W. 19TH STREET**
CITY-ST-ZIP **GAINESVILLE FL 32605**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **ROQUE, DAVID R.**
STREET ADDRESS **7727 S.W. 8TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Treasurer/Diacon**
2.3 STREET ADDRESS **Jose M. Zamot**
2.4 CITY-ST-ZIP **7318 NW 52nd Terrace**
Gainesville, FL 32653

TITLE **SD** ☐ DELETE
NAME **CANIZARES, ILEANA**
STREET ADDRESS **3223 N.W. 51ST PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Ramon J Rojas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON J ROJAS

2-26-96

(352) 378-0078

Date

Daytime Phone #

CR2E037 (12/95)