

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90051 034 ****61.25

DOCUMENT # N02000002206

1. Entity Name

GARDEN OF GETHSEMANE FELLOWSHIP, INC.



Principal Place of Business

Mailing Address

9804 NORFOLK BLVD.
JACKSONVILLE FL 32208-1090

9804 NORFOLK BLVD.
JACKSONVILLE FL 32208-1090

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

30-0134428

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

BAKER, SHIRLEY
9804 NORFOLK BLVD.
JACKSONVILLE FL 32208-1090

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
Due By May 1, 2007

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 D ☐ Delete
NAME BAKER, SHIRLEY
STREET ADDRESS 9804 NORFOLK BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32208-1090

TITLE ☐ Change ☒ Addition
NAME Iris D. Larking
STREET ADDRESS 5405 Foxboro Rd.
CITY-ST-ZIP Jacksonville FL 32208

TITLE D ☐ Delete
NAME SHARPERSON, CARL II
STREET ADDRESS 118 KNOLLWOOD DRIVE
CITY-ST-ZIP CLEMSON SC 29361

TITLE ☐ Change ☒ Addition
NAME Secretary - S
STREET ADDRESS Jennifer L. McTaw
CITY-ST-ZIP Jacksonville FL 32218

TITLE D ☐ Delete
NAME FLOWERS, GERALD
STREET ADDRESS P.O. BOX 4535
CITY-ST-ZIP ATLANTA GA 30302

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCGAHEE, KATHERINE
STREET ADDRESS 8526 ADDISON AVE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME THURSTON, FRANCES
STREET ADDRESS 1492 W. 15TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KING, BRENDA
STREET ADDRESS 3039 SABLE PALM DR.
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Shirley F. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07 904-764-3236