

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90045 023 ****66.25

DOCUMENT # N02000002206

1. Entity Name

GARDEN OF GETHSEMANE FELLOWSHIP, INC.



Principal Place of Business

9804 NORFOLK BLVD.
JACKSONVILLE FL 32208-1090

Mailing Address

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 (10/07)

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, 2008

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, SHIRLEY	
STREET ADDRESS	9804 NORFOLK BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32208-1090	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARPERSON, CARL II	
STREET ADDRESS	118 KNOLLWOOD DRIVE	
CITY-ST-ZIP	CLEMSON SC 29361	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLOWERS, GERALD	
STREET ADDRESS	P.O. BOX 4535	
CITY-ST-ZIP	ATLANTA GA 30302	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGAHEE, KATHERINE	
STREET ADDRESS	8526 ADDISON AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	THURSTON, FRANCES	
STREET ADDRESS	1492 W. 15TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, BRENDA	
STREET ADDRESS	3039 SABLE PALM DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32277	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer McTaw	
STREET ADDRESS	12222 Emblem Court	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Iris D. Larkins	
STREET ADDRESS	5405 Foxboro Rd	
CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Shirley F. Baker 2/23/08 904-764-3236