

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

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90314 017 \*\*\*\*70.00

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**30-0134428**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

*Shirley Flowers Baker*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/4/03**

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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

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

TITLE **D** ☒ Delete  
NAME **RICHARDSON, CAREA**  
STREET ADDRESS **5405 FOXBORO RD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

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

TITLE **D** ☒ Delete  
NAME **GOODMAN, BETTY**  
STREET ADDRESS **1591 S. LANE AVE. APT. #109G**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **D** ☐ Delete  
NAME **KINCY, MADIE**  
STREET ADDRESS **2506 POST STREET**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Carl Sharperson II**  
STREET ADDRESS **118 Knollwood Drive**  
CITY-ST-ZIP **Clemson, S.C. 29361**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Katherine Mc Gahoe**  
STREET ADDRESS **8526 Addison Ave.**  
CITY-ST-ZIP **Jacksonville FL 32208**

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

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 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:

**SIGNATURE REQUIRED**

*Shirley Flowers Baker*

**9-1-03**

**904-764-3236**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)