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

DOCUMENT # N02000002206



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

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GARDEN	OF GETH	ISEMANE FELLOWS	SHIP, INC.]				
Principal Pla	ace of Busines	SS	Mailing Address	V	<u></u>	<u> </u>				
9804 NORFOL	CKSONVILLE FL 32208-1090		9804 NORFOLK BLVD.							
				CKSONVILLE FL 32208-1090						
						((
2. Principal Place of Business Suite, Apt. #, etc. City & State			3. Mailing Address	3. Mailing Address Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
			Suite, Apt. #, etc.							
			City & State			4. FEI Number 20-0134H28			pplied For lot Applicable	
Zip		Country	Zip	Country		5. Certificate of St		\$8.75 Ac	Iditional ed	
	6. Name	and Address of Current	Registered Agent			7. Name and Add	ress of New Regis			
				Name						
	SHIRLEY	.		Street	Address (I	P.O. Box Number is N	iot Acceptable)			
)rfolk bl/)nville fl (·			,		
	rx.			City				FL ['] Zip Coo	de	
			or the purpose of changing its	registered office o	r register	ed agent, or both, in	the State of Florida	. I am familiar with	, and accept	
the obliga	ations of regis	tered agent	4							
0.00.00	Shi	Non Flow	ress Baker				9/4/	^2		
SIGNATURE		d or printed name of registered agent		: Registered Agent signs	ature required	when reinstating)	'/7/	DATE		
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After Sep		/: FEE IS \$61.25 . 2003, min will be \$2	1	npaign Financing ontribution.		\$5.00 May Be Added to Fees		Check Payable		
After Sep		, 2003, min will be \$2	236.25 Trust Fund C	, ,	<u></u>	Added to Fees	Florida (Department of	State	
10.	otember 10	, 2003, min will be \$2	Trust Fund C	ontribution.	<u></u>		Florida (Department of	State	
10. TITLE	otember 10	OFFICERS AND DI	236.25 Trust Fund C	ontribution.	<u></u>	Added to Fees	Florida (Department of	State	
TITLE NAME	D BAKER, S	OFFICERS AND DI	Trust Fund C	Ontribution. 11. TITLE NAME	<u></u>	Added to Fees	Florida (Department of	State	
10. TITLE	D BAKER, S 9804 NOF	OFFICERS AND DI HIRLEY RFOLK BLVD.	Trust Fund C	ontribution.	<u></u>	Added to Fees	Florida (Department of	State	
10. TITLE NAME STREET ADDRESS	D BAKER, S 9804 NOF	OFFICERS AND DI	Trust Fund Control Con	Ontribution. 11. TITLE NAME STREET ADDRESS		Added to Fees ADDITIONS/CHANG	Florida (Department of AND DIRECTORS II	State N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, S 9804 NOF JACKSON	OFFICERS AND DI HIRLEY RFOLK BLVD.	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		Added to Fees ADDITIONS/CHANG	Florida (Department of	State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BAKER, S 9804 NOF JACKSON D RICHARDS 5405 FOX	OFFICERS AND DI OFFICERS AND DI HIRLEY RFOLK BLVD. VILLE FL 32208-1090 SON, CAREA BORO RD.	Trust Fund Control Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Carl	Added to Fees ADDITIONS/CHANGE Sharper: Knollwood	Florida (ES TO OFFICERS A Son II, I Drive	Department of AND DIRECTORS II	State N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BAKER, S 9804 NOF JACKSON D RICHARDS 5405 FOX	OFFICERS AND DI OFFICERS AND DI HIRLEY RFOLK BLVD. VILLE FL 32208-1090 SON, CAREA	Trust Fund Control Con	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Carl	Added to Fees	Florida (ES TO OFFICERS A Son II, I Drive	Department of AND DIRECTORS II	State 10 Addition Addition	
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BAKER, S 9804 NOF JACKSON D FLOWERS P.O. BOX ATLANTA	OFFICERS AND DI OFFICERS AND DI HIRLEY RFOLK BLVD. WILLE FL 32208-1090 SON, CAREA BORO RD. WILLE FL 32208 GERALD 4535 GA 30302	Trust Fund C	Ontribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP .IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Dad 118 Cler	Sharper: Knollwood N80n, S.C	Florida C ES TO OFFICERS A Son II, I Drive 2, 2936/	Department of NND DIRECTORS II Change	State 10 Addition Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BAKER, S 9804 NOF JACKSON D FLOWERS P.O. BOX ATLANTA D GOODMAI	OFFICERS AND DI OFFICERS AND D	Trust Fund Control Con	Ontribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP .IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Dad 118 Cler	Sharper Knollwoodnson, S.C.	Florida C ES TO OFFICERS A Son II, 1 Drive 2, 2936/	Department of AND DIRECTORS II Change Change	State N 10 Addition Addition Addition	
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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.

CITY-ST-ZIP

SIGNATURE:

JACKSONVILLE FL 32208

CITY-ST-ZIP