

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000008053

FILED
Oct 21, 2005
Secretary of State

Entity Name: GETHSEMANE MINISTRIES, INC.

Current Principal Place of Business:

1931 NW 188TH AVE.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

1931 NW 188TH AVE.
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 30-0135141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAVE, CONSTANT REV.
1931 NW 188TH AVE.
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CONSTANT BRAVE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BRAVE, CONSTANT REV.
Address: 1931 NW 188TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: PD () Delete
Name: BRAVE, EMITA
Address: 1931 NW 188TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPD () Delete
Name: HONORAT, PIERRE A
Address: 1931 NW 188TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S () Delete
Name: MAURILUS, JOCELIN
Address: 1931 NW 188TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T () Delete
Name: INSLY, DUROSIER
Address: 1931 NW 188TH AVE
City-St-Zip: PEMBROOKE, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: INSLY, DUROSIER
Address: 1931 NW 188TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONSTANT BRAVE

CD

10/21/2005

Electronic Signature of Signing Officer or Director

Date