

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

FILED
Aug 30, 2007 8:00 am
Secretary of State

DOCUMENT # N02000008053

1. Entity Name

GETHSEMANE MINISTRIES, INC.



08-30-2007 90039 001 *****8.75
 08-30-2007 90039 002 *****61.25

Principal Place of Business: 1931 NW 188TH AVE. PEMBROKE PINES FL 33029
 Mailing Address: 1931 NW 188TH AVE. PEMBROKE PINES FL 33029



2. Principal Place of Business - No P.O. Box #: 835 SW 173rd AVE
 Suite, Apt. #, etc.
 3. Mailing Address: 835 SW 173rd AVE
 Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/07)

City & State: PEMBROKE PINES, FL
 Zip: 33029
 Country: USA

4. FEI Number: 30-0135141
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BRAVE, CONSTANT REV.
 1931 NW 188TH AVE.
 PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent
 Name: BRAVE CONSTANT REV
 Street Address (P.O. Box Number is Not Acceptable): 835 SW 173rd AVE
 City: PEMBROKE PINES FL Zip Code: 33029

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: *X Constant Brave* DATE: 8/26/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25 Due By September 5, 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	
TITLE: CD NAME: BRAVE, CONSTANT REV. STREET ADDRESS: 1931 NW 188TH AVE. CITY-ST-ZIP: PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete
TITLE: PD NAME: BRAVE, EMITA STREET ADDRESS: 1931 NW 188TH AVE. CITY-ST-ZIP: PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete
TITLE: VPD NAME: HONORAT, PIERRE A STREET ADDRESS: 1931 NW 188TH AVE. CITY-ST-ZIP: PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/> Delete
TITLE: S NAME: MAURILUS, JOCELIN STREET ADDRESS: 1931 NW 188TH AVE. CITY-ST-ZIP: PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: INSLY, DUROSIER STREET ADDRESS: 1931 NW 188TH AVE CITY-ST-ZIP: PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VPD NAME: Mariette Belancourt STREET ADDRESS: 19362 NW 11th St. CITY-ST-ZIP: Pembroke Pines, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S/D NAME: Beatrice St. Surin STREET ADDRESS: 5272 SW 152nd AVE CITY-ST-ZIP: Miramar FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V/D NAME: Adolphe Ardou STREET ADDRESS: 6970 E. Wedgewood AVE CITY-ST-ZIP: DAVIDE FL 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V/D NAME: VES ST. SURIN STREET ADDRESS: 5272 SW 152nd AVE CITY-ST-ZIP: Miramar FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *X Constant Brave* DATE: 8/26/07 PHONE: 454-441-3529
Signature and Typed or Printed Name of Signing Officer or Director