2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008053

Entity Name: GETHSEMANE MINISTRIES, INC.

FILED Jul 26, 2008 Secretary of State

Current Pri	incipal Place of Business:	New Principal Place of Business:	
835 SW 173	•	·	
Current Mailing Address:		New Mailing Address:	
835 SW 173 PEMBROKI	BRD AVE E PINES, FL 33029		
	30-0135141 FEI Number Applied For () FEI Nur e with s. 607.193(2)(b), F.S., the corporation did not receive t Address of Current Registered Agent:	Imber Not Applicable () Certificate of Status Desired () the prior notice. Name and Address of New Registered Agent:	
BRAVE, CC 835 SW 173 PEMBROKI	DNSTANT REV. BRD AVE E PINES, FL 33029 US		
The above in the State		of changing its registered office or registered agent, or both,	
SIGNATUR	E:		
	Electronic Signature of Registered Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	₹S:
Title: Name: Address: City-St-Zip:	CD () Delete BRAVE, CONSTANT REV. 1931 NW 188TH AVE. PEMBROKE PINES, FL 33029	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	PD () Delete BRAVE, EMITA 1931 NW 188TH AVE. PEMBROKE PINES, FL 33029	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	VPD () Delete BELANCOURT, MARIETTE 19362 NW 111TH ST PEMBROKE PINES, FL 33029	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	SD () Delete ST. SURIN, BEATRICE 5272 SW 152ND AVE MIRAMAR, FL 33027	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	VD () Delete ANDON, ADOLPHE 6970 E. WEDGEWOOD AVE DAVIE, FL 33331	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	VD () Delete ST. SURIN, IVES 5272 SW 152ND AVE MIRAMAR, FL 33027	Title: VD (X) Change () Addition Name: ST. SURIN, YVES Address: 5272 SW 152ND AVE City-St-Zip: MIRAMAR, FL 33027	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: YVES ST.SURIN VD 07/26/2008