2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2009
Secretary of State

DOCUMENT# N02000008053

Entity Name: GETHSEMANE MINISTRIES, INC.

Current Principal Place of Business:

835 SW 173RD AVE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

835 SW 173RD AVE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 30-0135141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRAVE, CONSTANT REV.
835 SW 173RD 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: BEATRICE ST. SURIN
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:	BELANCOURT, MARIETTE	
Address:	19362 NW 111TH ST	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	SD	( ) Delete
Name:	ST. SURIN, BEATRICE	
Address:	5272 SW 152ND AVE	
City-St-Zip:	MIRAMAR, FL 33027	
Title:	VD	( ) Delete
Name:	ANDON, ADOLPHE	
Address:	6970 E. WEDGEWOOD AVE	
City-St-Zip:	DAVIE, FL 33331	
Title:	VD	( ) Delete
Name:	ST. SURIN, YVES	
Address:	5272 SW 152ND AVE	
City-St-Zip:	MIRAMAR, FL 33027	

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

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: BEATRICE ST.SURIN SD 10/15/2009
Electronic Signature of Signing Officer or Director — Date