

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04483**

1. Entity Name  
**GETHSEMANE MISSIONARY BAPTIST CHURCH OF  
WEST HOLLYWOOD, FLORIDA, FL.**



Principal Place of Business  
**5212 S.W. 17TH STREET  
WEST HOLLYWOOD, FL 33023 US**

Mailing Address  
**5212 S.W. 17TH STREET  
WEST HOLLYWOOD, FL 33023 US**



03232006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0073979**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HOWARD, ROBERTS  
5120 SW 22ND ST  
HOLLYWOOD, FL 33023**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ROBERTS, HOWARD  
STREET ADDRESS 5120 SW 22ND ST  
CITY - ST - ZIP HOLLYWOOD, FL 33023

TITLE VD  
NAME HARDEMON, J C  
STREET ADDRESS 5304 PLUNKETT ST  
CITY - ST - ZIP HOLLYWOOD, FL 33021

TITLE S  
NAME LEE, MAMIE J  
STREET ADDRESS 2965 NW 206 ST.  
CITY - ST - ZIP MIAMI, FL 33056

TITLE T  
NAME DAVIS, HERMAN  
STREET ADDRESS 5006 SW 21 ST.  
CITY - ST - ZIP HOLLYWOOD, FL 33023

TITLE MT  
NAME RAFORD, CLARENCE SR  
STREET ADDRESS 5201 WILEY ST  
CITY - ST - ZIP HOLLYWOOD, FL 33020

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000493236  
04/19/06-80096-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** *Howard Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/27/06*

*954/849-9169*

Date

Daytime Phone