

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 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**



04142007 No Chg-NP CR2E037 (4/06)

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, HOWARD 5120 SW 22ND ST HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARDEMON, J C 5304 PLUNKETT ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEE, MAMIE J 2965 NW 206 ST. MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, HERMAN 5008 SW 21 ST. HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MT RAFORD, CLARENCE SR 5201 WILEY ST HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000731226
05/08/07-80113-008 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
P.D.
HOWARD ROBERTS

Date

Daytime Phone #

4-16-07 954/987-2293