2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04483

1. Entity Name

GETHSEMANE MISSIONARY BAPTIST CHURCH OF WEST HOLLYWOOD, FLORIDA, FL.



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

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

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WEST HOLLYWOOD, FL 33023 US



DO NOT WRITE IN THIS SPACE

04112008 No Chg-NP

CR2E037 (4/06)

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

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8. The above the obligat	e named entity submits this statement for the tions of registered agent.	purpose of changing its registered	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title	of applicable (NOTE: Registered	Agent signature	a required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME Street Address City-St-Zip	PD ROBERTS, HOWARD 5120 SW 22ND ST HOLLYWOOD, FL 33023	DBERTS, HOWARD 20 SW 22ND ST			U00000930386 05/21/08-80108-001 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARDEMON, J C 5304 PLUNKETT ST HOLLYWOOD, FL 33021				00/E1/00 00100 001 01:E0
TITLE NAME STREET ADORESS CITY-ST-ZIP	S LEE, MAMIE J 2965 NW 206 ST. MIAMI, FL 33056			DO	NOT WRITE
TITLE Name Street Address City-St-Zip	T DAVIS, HERMAN 5008 SW 21 ST. HOLLYWOOD, FL 33023		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MT RAFORD, CLARENCE SR 5201 WILEY ST HOLLYWOOD, FL 33020				÷
TITLE NAME STREET ADDRESS				e king yak bengan	······································

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: _/\frac{7}{2}

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

p.0 4/14/08