

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90050 019 \*\*\*\*61.25

40007632



01222005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-3033901** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DOCUMENT # N27075**  
1. Entity Name  
**GETHESEMANE MISSIONARY BAPTIST CHURCH OF ST. PETERSBURG, INC.**



Principal Place of Business  
**2580 12TH AVENUE SOUTH  
C/O WILLIE FEASTER--  
ST. PETERSBURG, FL 33712**

Mailing Address  
**2580 12TH AVENUE SOUTH  
C/O WILLIE FEASTER--  
ST. PETERSBURG, FL 33712**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**2580 - 12th Avenue South  
Suite, Apt. #, etc.  
c/o Thaddeus Mitchell  
City & State  
St. Petersburg, FL 33712  
Zip Country  
33712 USA**

6. Name and Address of Current Registered Agent  
**MITCHELL, THADDEUS T  
2580 12TH AVENUE SOUTH  
ST. PETERSBURG, FL 33712**

7. Name and Address of New Registered Agent  
Name  
**Thaddeus T. Mitchell**  
Street Address (P.O. Box Number is Not Acceptable)  
**4500 Cardinal Way South**  
City  
**St. Petersburg, FL** Zip Code  
**33712**

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 *Thaddeus Mitchell* **Thaddeus Mitchell** 1-23-2005  
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, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                            |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>C<br/>MITCHELL, THADDEUS T<br/>4500 CARDINAL WAY S<br/>ST. PETERSBURG, FL</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>HARRIS, ROBERT<br/>1443 9TH STREET SOUTH<br/>ST. PETERSBURG, FL</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>ROBINSON, GREGORY<br/>1727 45TH STREET SOUTH<br/>SAINT PETERSBURG, FL 33711</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>FS<br/>WILSON, HAROLD<br/>2525 49TH STREET SOUTH<br/>GULFPORT, FL 33711</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | <b>Trustee<br/>Bernard Reed<br/>1044 1/2 18th Avenue North<br/>St. Petersburg, Florida 33704</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thaddeus Mitchell* **Thaddeus Mitchell** 1-23-05 (727) 866-8721  
Signature and typed or printed name of signing officer or director Date Daytime Phone #