


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N27075 1. Entity Name GETHSEMANE MISSIONARY BAPTIST CHURCH OF ST. PETERSBURG, INC.	
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Principal Place of Business 2580 12TH AVENUE SOUTH C/O WILLIE FEASTER ST. PETERSBURG, FL 33712	Mailing Address 2580 12TH AVENUE SOUTH C/O THADDEUS MITCHELL ST. PETERSBURG, FL 33712
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05022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3033901	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MITCHELL, THADDEUS T 4500 CARDINAL WAY SOUTH ST. PETERSBURG, FL 33712	DO NOT WRITE IN THIS SPACE
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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 September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U000000762495 05/29/07-80011-006 70.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MITCHELL, THADDEUS T 4500 CARDINAL WAY S ST. PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, ROBERT 1443 9TH STREET SOUTH ST. PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, GREGORY 5661 17TH WY S, APT A SAINT PETERSBURG, FL 33712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS WILSON, HAROLD 2525 49TH STREET SOUTH GULFPORT, FL 33711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REED, BERNARD 720-43RD AVE, N SAINT PETERSBURG, FL 33703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:  **Thaddeus Mitchell** 5-6-2007 (727) 460-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #