


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

06-09-2008 90001 038 ****70.00

DOCUMENT # N27075 1. Entity Name GETHSEMANE 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 THADDEUS MITCHELL ST. PETERSBURG, FL 33712		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MITCHELL, THADDEUS T 4500 CARDINAL WAY SOUTH ST. PETERSBURG, FL 33712				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, THADDEUS T		NAME		
STREET ADDRESS	4500 CARDINAL WAY S		STREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG, FL		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, ROBERT		NAME		
STREET ADDRESS	1443 9TH STREET SOUTH		STREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG, FL		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, GREGORY		NAME		
STREET ADDRESS	5661 17TH WY S, APT A		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG, FL 33712		CITY - ST - ZIP		
TITLE	FS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILSON, HAROLD		NAME	Pastor Secretary	
STREET ADDRESS	2525 49TH STREET SOUTH		STREET ADDRESS	Sharon A. Mitchell	
CITY - ST - ZIP	GULFPORT, FL 33711		CITY - ST - ZIP	4127 5th Avenue South	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REED, BERNARD		NAME	St. Petersburg, FL 33711	
STREET ADDRESS	720-43RD AVE, N		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG, FL 33703		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Thaddeus Mitchell</i>			Thaddeus Mitchell		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

6/3/2008

727/460-0330