


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

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N34547 1. Entity Name GETHSEMANE BAPTIST CHURCH OF EUSTIS, INC.	
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Principal Place of Business 535 SOUTH BAY STREET EUSTIS, FL 32727 US	Mailing Address 15744 OAK GLEN WAY TAVARES, FL 32778-5070 US
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01302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3083155	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, ROBERT L. 15744 OAK GLEN WAY TAVARES, FL 32778

**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	D HAWKINS, REV. WILLIAM 700 HAZZARD AVE. EUSTIS FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSLEY, RUFUS 1305 LOUIS COURT EUSTIS FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUCAS, ALBERT I 215 LAUREL OAK DR. EUSTIS FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MILLER, ROBERT L. 15744 OAK GLEN WY TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCTIER, JOYCE 717 LIBERTY STREET EUSTIS FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, QUEEN E. 212 STEVENS AVE. EUSTIS FL,

U000000644422
03/02/07-80041-017 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____