2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # N38132

1. Entity Name
GETHSEMANE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business	Mailing Address
917 E DURAL ST LIVE OAK, FL 32060	P.O. BOX 1343 LIVE OAK, FL 32060

01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3105467 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JENKINS, OLIVER
6640 RHONE DR
JACKSONVILLE, FL 32208

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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 ______________________ 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	D
NAME	FITCH, GEORGE E
STREET ADDRESS	22538 128TH ST
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	SAPP, OLLIE MAE
STREET ADDRESS	8472 161ST RD
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	CHERRY, MILDRED
STREET ADDRESS	RT 2 BOX 13
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	M
NAME	FITCH, YVONNE
STREET ADDRESS	22538 128TH ST
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	M
NAME	JENKINS, CONNIE
STREET ADDRESS	6640 RHOVE DR
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	BROWN, BENJAMIN
STREET ADDRESS	P.O. BOX 51513
CITY-ST-ZIP	JACKSONVILLE, FL 32240

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04/05/07-80049-024 61.25

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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 #