

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38132

FILED
Jan 17, 2009
Secretary of State

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

Current Principal Place of Business:

1014 NE DUVAL ST
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1343
LIVE OAK, FL 32060

New Mailing Address:

FEI Number: 59-3105467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JENKINS, OLIVER L PASTOR
6640 RHONE DR
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FITCH, GEORGE E DEACON
Address: 22538 128TH ST
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: SAPP, OLLIE M
Address: 8472 161ST RD
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: CHERRY, MILDRED
Address: RT 2 BOX 13
City-St-Zip: LIVE OAK, FL 32060

Title: M () Delete
Name: FITCH, YVONNE
Address: 22538 128TH ST
City-St-Zip: LIVE OAK, FL 32060

Title: M () Delete
Name: JENKINS, CONNIE
Address: 6640 RHONE DR
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DEA (X) Change () Addition
Name: FITCH, GEORGE E DEACON
Address: 22538 128TH ST
City-St-Zip: LIVE OAK, FL 32060

Title: SIS (X) Change () Addition
Name: SAPP, OLLIE M SECY
Address: 8472 161ST RD
City-St-Zip: LIVE OAK, FL 32060

Title: SIS (X) Change () Addition
Name: CHERRY, MILDRED SISTER
Address: RT 2 BOX 13
City-St-Zip: LIVE OAK, FL 32060

Title: M (X) Change () Addition
Name: FITCH, YVONNE SISTER
Address: 22538 128TH ST
City-St-Zip: LIVE OAK, FL 32060

Title: SIS (X) Change () Addition
Name: JENKINS, CONNIE
Address: 6640 RHONE DR
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE E. FITCH

DEA

01/17/2009

Electronic Signature of Signing Officer or Director

Date