FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthám

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600002297 (7)

GETHSEMANE CHURCH, INC.

Principal Place of Business 2900 LEONARD REID AVE SARASOTA FL 34234

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

The said Said States

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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2900 LEONARD REID AVE SARASOTA FL 34234-6201

FILED Mar 17 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date incorporated or Qualified 04/29/1996

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

3		28			Trust Funo Contribution	Added to Fees
Zip	Country	Zip	——————————————————————————————————————	ountry	· •	y for Intangible tax under s. 199,032, 🔫
4	25	29	30		Florida Statutes	YesNo
	9. Name and Address of Current I	Registered Agent			10. Name and Address of Ne	w Registered Agent
				81 Name		
CANNON, WILLIE J				82 Street Add	ress (P.O. Box Number is Not Acce	eptable)
1156 COCONUT AVE						
SARAS)7A FL 34236			83		
				84 City		B5 Zip Code
	•			" " "		FL S Zip code
office or re	to the provisions of Sections 617.0502 and segistered agent, or both, in the State of minimal familiar with, and accept the obligation.	Florida, Such chang	ge was authoriz	ed by the corpora	poration submits this statement for tion's board of directors. I hereby a	the purpose of changing its registered accept the appointment as registered
SIGNATURE _				- , , , , , , , , , , , , , , , , , , ,		DATE
12.	Signature, typed or printed name of registored agent of OFFICERS AND		(NOTE: Hegister	red Agent signature requi		OFFICERS AND DIRECTORS IN 12
TITLE	D	DE DE		TITLE	ADDITIONS/GIANIOLE TO C	Change Addition
NAME	MAYS, LEROY		- I	NAME		The state of the s
STREET ADDRESS	2900 LEONARD REID AVE			STREET ADDRESS		[]
CITY-ST-ZIP	SARASOTA FL 34234			CITY-ST-ZIP		13
TITLE	. D	DE		TITLE		Change Addition
NAME	MAYS, MARCIA E			NAME		
STREET ADDRESS	2900 LEONARD REID AVE		1	STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234			CITY-ST-ZIP		
TITLE	D	DE		TITLE		Change Addition
NAME	CANNON, WILLIE J		3.2	NAME		
STREET ADDRESS	1156 COCONUT AVE		3.3	STREET ADDRESS		1
CITY-ST-ZIP	SARASOTA FL 34234		1	CITY-SI-ZIP		ì
TITLE		☐ DE		TITLE		Change Addition
NAME			4. 2	NAME		\
STREET ADDRESS			4.3	STREET ADDRESS		
CITY-ST-ZIP			4.4	CiTY-ST-ZIP		ł
TITLE		DE	LETE 5.1	TITLE		Change Addition
NAME			52	NAME		[
STREET ADDRESS			5.3	STREET ADDRESS		
CITY-ST-ZIP			5.4	CiTY-ST-ZIP		
TITLE		☐ DE	LETE 6.1	TITLE		Change Addition
NAME			6.2	NAME		1
STREET ADDRESS			6.3	STREET ADDRESS		İ
CITY-ST-ZIP			6.4	CITY-ST-ZIP		
14. I do heret informatio	by certify that the information supplied on indicated on this annual report or supplied the corporation or the Block 12 or Block 13 if changed, or o	plemental annual re e receiver or trustee	eport is true and	d accurate and that execute this repo	t my signature shall have the same	e legal effect as if made under oath; that l