FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700003432 (8)

GETHSEMANE ECONOMIC & EDUCATIONAL MINISTRY, INC.

		_				•								•			
700 HAZZARD AVE. EUSTIS FL 32726					700 HAZZARD AVE. EUSTIS FL 32726						3. Date Incorporated or Qualified 06/13/1997 4. FEI Number Applied For						
												59-3450452	ŀ	Applied For Not Applicable			
2. 21	Principal Place of Business				2a. Malling Address 26					5.	Certificate of Status Desired	rtificate of Status Desired XX \$8.75 Additions Fee Required					
22	Suite, Apt. #, etc.			2	Suite, Apt. #, etc.						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees						
23	City & State				City & State						7. Is this nonprofit corporation a homeowners association?						
24	Zip Country				9	- -			ntry			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes XNo					
	9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent							
	HAWKINS, WILLIAM 700 HAZZARD AVE.							81 82	Name Street A	Addres	s (P	P.O. Box Number is Not Acceptable)					
	EUSTIS FL 32726	••						83									
								84	City			FL	85	Zip Code			
11	 Pursuant to the provis office or registered ag agent. I am familiar w 	ent.	or both, in the Sta	ate of F	loric	la. Such change was	authorize	ed by	the corp	corpor	ration n's b	n submits this statement for the purpose opeard of directors. I hereby accept the ap	of chan pointm	ging its registered ent as registered			

office or re agent. I as	egistered agent, or both, in the State of Florida. Such cha m familiar with, and accept the obligations of, Section 617	nge was auti 7.0503, Florid	norized by the corp la Statutes	oration's board of dir	ectors. I hereby accept the	appointment as	registered
SIGNATURE _	Signature, typed or printed name of registered agent and title if applicable	(NOTE: D	enistered & east slopesture	required when reinstating)	DAT	<u> </u>	
12.	OFFICERS AND DIRECTORS	(NOTE: N	13.		CHANGES TO OFFICERS		IS IN 12
TITLE		ELETE	1.1 TITLE	7.02	TOTAL TOLET	Change	Addition
NAME	HAWKINS, WILLIAM		1.2 NAME		4	•	
STREET ADDRESS	700 HAZZARD AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP	EUSTIS FL 32726		1.4 CITY - ST - ZIP				
TITLE	DS 🗆 C	ELETE	2.1 TITLE			☐ Change	Addition
NAME	MCCOO, DOROTHY		2.2 NAME				
STREET ADDRESS	710 BATES AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	EUSTIS FL 32726		2.4 CITY-ST-ZIP				
TITLE	O 7	ELETE	3.1 TITLE			Change	Addition
NAME	BOWERS, SABRINA		3.2 NAME				
STREET ADDRESS	1041 E. GOTTSEHE AVE.		3.3 STREET ADDRESS				
CITY-ST-ZIP	EUSTIS FL 32 <u>726</u>		3.4. CITY-ST-ZIP				
TITLE		ELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		ELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		ELETE	6.1 TITLE			Change	Addition
NAME.			6.2 NAME				
STREET ADORESS			6.3 STREET ADDRESS				
6574 67 700			6.4 CITY OT - 710				

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information Indicated on this annual report or supplemental annual 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 13 if changed, or on an attachment with an address.

SIGNATURE:

retur 7 Mc Cool

CRZE037 (10/97)

FILED

May 12 1998 8:00am

Secretary of State