1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700003432

GETHSEMANE ECONOMIC & EDUCATIONAL MINISTRY, INC.

Principal Place of Business 700 HAZZARD AVE. EUSTIS FL 32726

21

22

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

700 HAZZARD AVE. EUSTIS FL 32726

2a. Mailing Address

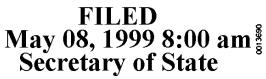
City & State

Suite, Apt. #, etc.

26

27

28



05-08-1999 90090 015 ****61.25

|--|

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

06/13/1997

59-3450452

4. FEI Number

23		28	28				Fee Required						
Zip	Country	Zip	Zip Cour			6	. Election Car	mpaign Financ	ing 🗆	•	5. 00 N	- 1	
24	25	29	30				Trust Fund Contribution Added to Fees					Fees	
	Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
				81	Name								
HAWKINS, WILLIAM					Street A	Address (P O Box Num	nber is Not Acc	ceptable)				
700 HAZZARD AVE.					000	(
EUSTIS FL 32726												}	
E03110 FL 32720					City					ne l	Zin C	ndo -	
							FL 85 Zip Code						
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.													
SIGNATURE Slonsture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
12.	OFFICERS AND		13					CHANGES TO	OFFICERS A	ND DIR	ECTOF	S IN 12	
TITLE	DP	□ D	ELETE 1.1	TITLE						CI	ange	☐ Addition	
NAME	HAWKINS, WILLIAM	VKINS, WILLIAM 12		NAME									
STREET ADDRESS				STREET	ADDRESS	1							
CITY-ST-ZIP	EUSTIS FL 32726 140			CITY-ST	-ZIP								
TITLE	DS	□ D	ELETE 2.1	TITLE							nange	☐ Addition	
NAME	MCCOO, DOROTHY		2.2	NAME								ļ	
STREET ADDRESS	TAN DATED AVE		2.3	STREET	ADDRESS							ĺ	
CITY+ST-ZIP	EUSTIS FL 32726				r-zip								
TITLE	DT	DT □ DELETE 3.1 T								CI	nange	☐ Addition	
NAME	BOWERS, SABRINA		32	NAME									
STREET ADDRESS	1041 E. GOTTSEHE AVE.	•	3.3	STREET	ADORESS	-		_		~	-		
CITY-ST-ZIP	EUSTIS FL 32726		3.4	CITY-S	r-zip	1						<u> </u>	
TITLE	***	□ D	ELETE 4.1	TITLE	1						nange	☐ Addition	
NAME			4. 2	NAME								Ì	
STREET ADDRESS			4.3	STREET	ADDRESS							Ì	
CITY-ST-ZIP				CITY-ST	-ZIP	ļ							
TITLE		□ D		TITLE				•			nange	Addition	
NAME				NAME									
STREET ADDRESS			5.3	STREET	ADDRESS								
CITY-ST-ZIP				CITY-SI	-ZIP								
TITLE		□ D		TITLE						□ CI	nange	Addition	
NAME			6.2	NAME									
STREET ADDRESS			6.3	STREET	ADDRESS							j	
CITY-ST-ZIP				CITY-S1		<u> </u>							
14. I hereby o	certify that the information supplied with	h this filing does not	qualify for the ex	empti	on stated	d in Section	on 119.07(3)(i)	, Florida Statu	tes. I further ce	rtify tha	t the in	formation	

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 ar 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Applied For

\$8.75 Additional

Fee Required

Not Applicable