


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90010 021 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N97000003432</b>  |  |
| 1. Entity Name<br><b>GETHSEMANE ECONOMIC &amp; EDUCATIONAL MINISTRY, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>700 HAZZARD AVE.<br/>EUSTIS, FL 32726</b> | Mailing Address<br><b>700 HAZZARD AVE.<br/>EUSTIS, FL 32726</b> |
|---|---|

40100630



|  |         |   |           |
|--|---------|---|-----------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address<br><b>535 S Bay St</b> |           |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc.                       |           |
| City & State                                   |         | City & State<br><b>Eustis FL 32726</b>    |           |
| Zip  | Country | Zip                                       | Country   |
| <b>32726</b>                                   |         | <b>32726</b>                              | <b>US</b> |

04212008 Chg-NP CR2E037 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3450452</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent                   |  | 7. Name and Address of New Registered Agent        |  |
| <b>HAWKINS, WILLIAM<br/>700 HAZZARD AVE.<br/>EUSTIS, FL 32726</b> |  | Name   |  |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|   |  | City   |  |
|   |  | <b>FL</b> Zip Code                                 |  |

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 *William Hawkins Jr.* **4/22/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS |                         |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |   |  |
|----------------------------|-------------------------|---------------------------------|--|---|--|---|--|
| TITLE                      | DP                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>HAWKINS, WILLIAM</b> |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | <b>700 HAZZARD AVE.</b> |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | <b>EUSTIS, FL 32726</b> |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      | DS                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>MOSLEY, LILLIE</b>   |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | <b>1305 LOUIS CT.</b>   |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | <b>EUSTIS, FL 32726</b> |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      | DT                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>HARRIS, JOY C</b>    |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | <b>605 N HAWLEY ST</b>  |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | <b>EUSTIS, FL 32726</b> |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      |                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                         |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                         |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                |                         |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      |                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                         |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                         |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                |                         |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      |                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                         |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                         |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                |                         |                                 |  | CITY-ST-ZIP   |  |   |  |

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: *William Hawkins Jr.* **4/22/08** **352**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **589-1360**