

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006316 (0)

1. Corporation Name

GETHSE 'MANE' SDA CHURCH, INC.

Principal Place of Business

14953 N.W. 7TH AVENUE
MIAMI FL 33169

Mailing Address

14853 N.W. 7TH AVENUE
MIAMI FL 33169

2. Principal Place of Business

21 SAME ABOVE

2a. Mailing Address

26 P.O. BOX 680129

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33169 25 30

9. Name and Address of Current Registered Agent

OLAIGBE, OLA
18441 N.W. 2ND AVENUE
SUITE 220
MIAMI FL 33169

3. Date Incorporated or Qualified

11/07/1997

4. FEI Number

65-0793548

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

DUTHERS S

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SINOUS, DUTHIERS PASTEUR	
STREET ADDRESS	500 NE 112TH STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EUGENE BETTY	
STREET ADDRESS	500 NE 112TH STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DAMIER, DUVERGER	
STREET ADDRESS	3210 N.W. 171 TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CINOUS, KESNEL	
STREET ADDRESS	570 N.E. 162ND STREET	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SECRETARY
2.3 STREET ADDRESS	MARIE-ANGE DENIS
2.4 CITY-ST-ZIP	10330 N.W. 24 Ave. MIAMI, FL. 33150
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	Prudent saintil
3.4 CITY-ST-ZIP	350 N E 161 street N MIAMI Beach, FL. 33162
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Duthiers Sinous
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-98
Date

892-8062
Daytime Phone #

FILED
Oct 07 1998 8:00am^B
Secretary of State



CR2E037 (5/98)