

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90042 037 ****61.25

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1. Corporation Name

GETHSE 'MANE' SDA CHURCH, INC.

Principal Place of Business

14853 N.W. 7TH AVENUE
MIAMI FL 33169
US

Mailing Address

PO BOX 680129
MIAMI FL 33168
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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 ☐ DELETE

D
NAME SINOUS, DUTHIERS PASTEUR
STREET ADDRESS 500 NE 112TH STREET
CITY-ST-ZIP MIAMI FL 33161

TITLE ☐ DELETE

S
NAME DENIS, MARI ANGE
STREET ADDRESS 10330 NW 2ND AVE
CITY-ST-ZIP MIAMI FL 33150

TITLE ☐ DELETE

TD
NAME SAINTIL, PRUDEN
STREET ADDRESS 350 NW 161 STREET
CITY-ST-ZIP N MIAMI BEACH FL 33162

TITLE ☐ DELETE

D
NAME CINOUS, KESNEL
STREET ADDRESS 570 N.E. 162ND STREET
CITY-ST-ZIP MIAMI FL 33162

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

S
NAME MIREILLE CINOUS
STREET ADDRESS 435 N.W. 133 ST.
CITY-ST-ZIP MIAMI, FL. 33168

3.1 TITLE ☒ Change ☐ Addition

TD
NAME JEAN-J. MONDESIR
STREET ADDRESS 175 N.E. 129 ST.
CITY-ST-ZIP MIAMI, FL. 33161

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Duthiers Sinous 1-20-99 (305) 892-2898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)