

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006316

1. Entity Name

GETHSE 'MANE' SDA CHURCH, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90026 050 ****75.00

Principal Place of Business

14833 N.W. 7TH AVENUE
MIAMI FL 33169
US

Mailing Address

PO BOX 680129
MIAMI FL 33168-0129
US

2. Principal Place of Business

14835 N.W. 7TH AVENUE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

65-0793548

Applied For

Not Applicable

Zip

33168

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. 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	S	<input type="checkbox"/> Delete
NAME	DENIS, MARI ANGE	
STREET ADDRESS	10330 NW 2ND AVE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SAINTIL, PRUDEN	
STREET ADDRESS	350 NW 161 STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	CINOUS, KESNEL	
STREET ADDRESS	570 N.E. 162ND STREET	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	S	<input type="checkbox"/> Delete
NAME	CINOUS, MIREILLE	
STREET ADDRESS	435 NW 133 ST	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MONDESIR, JEAN J	
STREET ADDRESS	175 NE 129 ST	
CITY-ST-ZIP	MIAMI FL 33161	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINOUS DUTHIERS PASTEUR	
STREET ADDRESS	11975 W. BIS CAYNE CANAL RD.	
CITY-ST-ZIP	MIAMI, FL. 33161	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINOUS MIREILLE	
STREET ADDRESS	435 N.W. 133 STREET	
CITY-ST-ZIP	MIAMI, FL. 33168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINOUS KESNEL	
STREET ADDRESS	435 N.W. 133 STREET	
CITY-ST-ZIP	MIAMI, FL. 33168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Duthiers Sinous 2-7-00

Date

Daytime Phone #

CR2E037 (9/99)