

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000006316**

1. Entity Name

**GETHSE 'MANE' SDA CHURCH, INC.**

Principal Place of Business

**14435 NW 7TH AVE  
MIAMI FL 33168  
US**

Mailing Address

**PO BOX 680129  
MIAMI FL 33168  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0793548**

Applied For

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
min. will be \$236.25.**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SINOUS, DUTHIERS PASTEUR</b>	
STREET ADDRESS	<b>11875 W BISCAYNE CANAL RD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DENIS, MARI ANGE</b>	
STREET ADDRESS	<b>10330 NW 2ND AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SAINTIL, PRUDEN</b>	
STREET ADDRESS	<b>350 NW 161 STREET</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33162</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CINOUS, KESNEL</b>	
STREET ADDRESS	<b>570 N.E. 162ND STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33162</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CINOUS, MIREILLE</b>	
STREET ADDRESS	<b>435 NW 133 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MONDESIR, JEAN J</b>	
STREET ADDRESS	<b>175 NE 129 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	

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: x SIGNATURE REQUIRED****FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90099 019 \*\*\*\*75.00



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)

08/31/02