

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006316

FILED
Sep 08, 2004
Secretary of State

Entity Name: GETHSE 'MANE' SDA CHURCH, INC.

Current Principal Place of Business:

14435 NW 7TH AVE
MIAMI, FL 33168 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 680129
MIAMI, FL 33168 US

New Mailing Address:

FEI Number: 65-0793548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SINOUS, DUTHIERS PASTEUR
Address: 11875 W BISCAYNE CANAL RD
City-St-Zip: MIAMI, FL 33161

Title: S () Delete
Name: DENIS, MARI ANGE
Address: 10330 NW 2ND AVE
City-St-Zip: MIAMI, FL 33150

Title: TD () Delete
Name: SAINTIL, PRUDEN
Address: 350 NW 161 STREET
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D () Delete
Name: CINOUS, KESNEL
Address: 570 N.E. 162ND STREET
City-St-Zip: MIAMI, FL 33162

Title: S () Delete
Name: CINOUS, MIREILLE
Address: 435 NW 133 ST
City-St-Zip: MIAMI, FL 33168

Title: TD () Delete
Name: MONDESIR, JEAN J
Address: 175 NE 129 ST
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUTHIERS SINOUS

D

09/08/2004

Electronic Signature of Signing Officer or Director

Date