2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# N97000006316

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 US

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:	P	( ) Delete
Name:	MICHELL, MAURICE I PASTEUR	
Address:	8533 SW 5TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33025	
Title:	S	( ) Delete
Name:	DENIS, MARI ANGE	
Address:	10330 NW 2ND AVE	
City-St-Zip:	MIAMI, FL 33150	
Title:	TD	( ) Delete
Name:	SAINTIL, PRUDENT	
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:	TD	(X) Change ( ) Addition
Name:	CORIOLAND, MERCIDIEU	
Address:	4510 SW 18 STREET	
City-St-Zip:	WEST PARK, FL 33023	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MAURICE MICHELL P 01/19/2007

Electronic Signature of Signing Officer or Director — Date