2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006316

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

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14435 NW 7TH AVE MIAMI, FL 33168

Current Mailing Address: New Mailing Address:

PO BOX 680129 14435 NW 7TH AVE MIAMI, FL 33168 US MIAMI, FL 33168 US

FEI Number: 65-0793548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

8533 SW 5TH STREET PEMBROKE PINES, FL 33025

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.

MICHELL, MAURICE

SIGNATURE: MAURICE MICHELL 02/12/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

() Change () Addition () Delete MICHELL, MAURICE I PASTEUR Name: Name: 8533 SW 5TH STREET Address: Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip:

Title: Title: () Delete () Change () Addition

DENIS, MARI ANGE Name: Name: Address: 10330 NW 2ND AVE Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

SAINTIL, PRUDENT Name: Name: 350 NW 161 STREET Address: Address: City-St-Zip: N MIAMI BEACH, FL 33162 City-St-Zip:

Title: () Delete Title: () Change () Addition

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

Title: Title: () Delete () Change () Addition

CINOUS, MIREILLE Name: Name: 435 NW 133 ST Address: Address: City-St-Zip: MIAMI, FL 33168 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

CORIOLAND, MERCIDIEU JEAN-PIERRE, LEVY Name: Name: Address: 4510 SW 18 STREET Address: 827 NW 145 STREET WEST PARK, FL 33023 MIAMI, FL 33168 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 Ρ 02/12/2009