

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90006 004 \*\*\*\*61.25

0003500

**DOCUMENT # N93000005149**

1. Entity Name

**GENESIS, A CHRISTIAN COFFEE HOUSE INC.**

Principal Place of Business

**3111 PARKER ST  
 MIMS FL 32754  
 US**

Mailing Address

**3111 PARKER ST  
 MIMS FL 32754  
 US**

LA

00009948



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3179127**

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

**JACK, STEVE L  
 3111 PARKER ST  
 MIMS FL 32754**

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  
 After September 12, 2001, 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: PM  
 NAME: JACK, STEVE L  
 STREET ADDRESS: 3111 PARKER ST  
 CITY-ST-ZIP: MIMS FL 32754  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: VTS  
 NAME: JACK, DONNA (DAVIS)  
 STREET ADDRESS: 3111 PARKER ST  
 CITY-ST-ZIP: MIMS FL 32754  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: D  
 NAME: ALLEN, GERALD T SR  
 STREET ADDRESS: 2507 MIDDLEHURST RD  
 CITY-ST-ZIP: TITUSVILLE FL  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: D  
 NAME: HYDORN, ROBERT  
 STREET ADDRESS: 4515 CARLYLE AVE  
 CITY-ST-ZIP: TITUSVILLE FL  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: D  
 NAME: HARTLEP, MICHELLE  
 STREET ADDRESS: 3111 PARKER ST  
 CITY-ST-ZIP: MIMS FL 32754  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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 (Jack)*

7-05-01 321-269-5023

CR2E037 (5/01)