

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000133689

FILED
Apr 25, 2008
Secretary of State

Entity Name: GENESIS PROPERTIES OF NORTH FLORIDA, INC.

Current Principal Place of Business:

9838 OLD BAYMEADOWS RD.
#242
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 41285
JACKSONVILLE, FL 32203 US

New Mailing Address:

9838 OLD BAYMEADOWS RD.
#242
JACKSONVILLE, FL 32256 US

FEI Number: 20-5743248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALL BUSINESS ASSOCIATES, INC.
4070 HERSCHEL STREET
SUITE 1
JACKSONVILLE, FL 32210 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WELCH, BETH
Address: 5138 MARTHA ANN DR
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VP () Delete
Name: WELCH, MIKE
Address: 5138 MARTHA ANN DR
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH WELCH

P

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date