

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006915

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** GENESIS DAY CARE CENTER, INC.

**Current Principal Place of Business:**

936 NW 31ST AVE  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

936 NW 31ST AVE  
GAINESVILLE, FL 32609

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

GARVIN, MARVENELLE  
936 NW 31ST AVE  
GAINESVILLE, FL 32609 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: DCEO  
Name: GARVIN, MARVENELLE  
Address: 936 NW 31ST AVE  
City-St-Zip: GAINESVILLE, FL 32609

Title: D  
Name: THOMAS, TRADINA  
Address: 1115 NE 21ST CT  
City-St-Zip: GAINESVILLE, FL 32641

Title: T  
Name: GALLOWAY, JERLINE  
Address: 1146 S R 20  
City-St-Zip: INTERLACHEN, FL 32148

I hereby 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 all other like empowered.

**SIGNATURE:** MARVENELLE GARVIN

DCEO

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date