|                           | Electronic Signature of Registered Agent |                 |                    |  |
|---------------------------|--|-----------------|--------------------|--|
| Officer/Director Detail : |  |                 |                    |  |
| Title                     | CEO                                      | Title           | CFO                |  |
| Name                      | MORGAN, G M                              | Name            | SCOTT, ELIJAH DR   |  |
| Address                   | 5420 KAREN COURT                         | Address         | 1210 WEST ROBINSON |  |
| City-State-Zip:           | ORLANDO FL 32811                         | City-State-Zip: | ORLANDO FL 32805   |  |
|                           |  |                 |                    |  |

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.

| Title           | ADM              | Title           | D                  |
|-----------------|------------------|-----------------|--------------------|
| Name            | GRAY, SHANTE D   | Name            | WHITTED, ANITA M   |
| Address         | 5420 KAREN COURT | Address         | 4213 HEATHER COURT |
| City-State-Zip: | ORLANDO FL 32811 | City-State-Zip: | ORLANDO FL 32839   |

DOCUMENT# N0800006723

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## Entity Name: GENESIS BIBLICAL COLLEGE AND GRADUATE SCHOOL INC.

#### **Current Principal Place of Business:**

1210 WEST ROBINSON STREET ORLANDO, FL 32805

# **Current Mailing Address:**

1210 WEST ROBINSON STREET ORLANDO, FL 32805

# FEI Number: 27-3368419

## Name and Address of Current Registered Agent:

WHITTED, ANITA M 4213 HEATHER COURT ORLANDO, FL 32839 US

SIGNATURE:

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: ANITA M.WHITTED

Electronic Signature of Signing Officer/Director Detail

02/10/2016

FILED Feb 10, 2016 Secretary of State CC4425366603

Date

Certificate of Status Desired: No

N STREET

DIRECTOR

Date