

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005611

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC7559477027**

**Entity Name:** GENESIS ASSISTANCE DOGS, INC.

**Current Principal Place of Business:**

3211 VINCENT ROAD  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

P.O. BOX 3101  
WEST PALM BEACH, FL 33402

**FEI Number:** 45-5259950

**Certificate of Status Desired:** No

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

EAGLE, JEFFREY  
3211 VINCENT ROAD  
WEST PALM BEACH, FL 33405 US

*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:** JEFFREY EAGLE

01/09/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            EAGLE, JEFFREY  
Address        3211 VINCENT ROAD  
City-State-Zip: WEST PALM BEACH FL 33405

Title            SECRETARY  
Name            KOHLHOFF, MARGO  
Address        5489 SEA BISCUIT ROAD  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            VP  
Name            CORRENTE, WILLIAM  
Address        418 PARK PLACE  
City-State-Zip: WEST PALM BEACH FL 33401

Title            TREASURER  
Name            SHEPPE, JEREMY  
Address        11302 CALLADIUM LANE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            DIRECTOR  
Name            BEVERLY BROBERG  
Address        220 MONTEREY ROAD  
City-State-Zip: PALM BEACH FL 33480

Title            DIRECTOR  
Name            CHARLIE EAGLE  
Address        3211 VINCENT ROAD  
City-State-Zip: WEST PALM BEACH FL 33405

Title            DIRECTOR  
Name            LOIS MACKKEY  
Address        772 LAGOON DRIVE  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            DIRECTOR  
Name            JOHN PERRY  
Address        16839 114TH TERRACE  
City-State-Zip: JUPITER FL 33478

**Continues on page 2**

*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:** MARGO E. KOHLHOFF

**SECRETARY**

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           JEFFREY PERTNOY  
Address        701 SOUTH OLIVE AVENUE  
                  APARTMENT 1423  
City-State-Zip: WEST PALM BEACH FL 33401