

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000004396

**Entity Name:** THE GENESIS PROJECT, INC.

**Current Principal Place of Business:**

5244 N BAY RD  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5244 N BAY RD  
MIAMI BEACH, FL 33140

**FEI Number: 46-5604473**

**Certificate of Status Desired: Yes**

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

POSTREL, RICHARD  
5244 N BAY RD  
MIAMI BEACH, FL 33140 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            CEOD  
Name            POSTREL, RICHARD  
Address        5244 NORTH BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33140

Title            PD  
Name            ZUCHNER, STEPHAN MD  
Address        10225 SW 59TH AVE.  
City-State-Zip: PINECREST FL 33156

Title            D  
Name            RISTORI, MICHAEL  
Address        10704 BRADBURY WAY  
City-State-Zip: FT. MYERS FL 33913

Title            CEOD  
Name            POSTREL, RICHARD  
Address        5244 NORTH BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33140

Title            PD  
Name            ZUCHNER, STEPHAN MD  
Address        10225 SW 59TH AVE.  
City-State-Zip: PINECREST FL 33156

Title            D  
Name            BRADLEY, KIRK  
Address        5274 BROADWAY STREET  
City-State-Zip: SAN FRANCISCO CA 94115

*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: RICHARD POSTREL**

**CEO**

**01/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date