

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000003763

**Entity Name:** GENESIS ACADEMY INC.

**Current Principal Place of Business:**

1204 ANNE ELISA CIR  
SAINT CLOUD, FL 34772

**Current Mailing Address:**

1204 ANNE ELISA CIR  
SAINT CLOUD, FL 34772 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

BAGGETT, CHRISTINE E  
4021 ETERNITY CIRCLE  
SAINT CLOUD, FL 34772 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 P  
Name BAGGETT, CHRISTINE E  
Address 4021 ETERNITY CIRCLE  
City-State-Zip: SAINT CLOUD FL 34772

Title VP  
Name SEACREST, ROBERT  
Address 1125 PALMWAY ST.  
City-State-Zip: KISSIMMEE FL 34744

Title T  
Name SHRIEVES, KELLY  
Address 206 MARYLAND AVE  
City-State-Zip: SAINT CLOUD FL 34772

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:** CHRISTINE BAGGETT

**OWNER**

**05/31/2019**

Electronic Signature of Signing Officer/Director Detail

Date