

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000009516

Entity Name: GENESIS DESIGN MINISTRIES, INC.**Current Principal Place of Business:**C/O MARTI PAWLOSKI
20 RIVER DRIVE
ORMOND BEACH, FL 32176**Current Mailing Address:**PO BOX 730128
ORMOND BEACH, FL 32173 US**FEI Number: 84-3105772****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAWLOSKI, MARTI
20 RIVER DR
ORMOND BEACH, FL 32176 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 PT
Name KADDATZ, MICHAEL M
Address 1431 MESA DRIVE
City-State-Zip: EAGLE CO 81631Title DIRECTOR
Name BEER HOLTZHAUSEN, JOSHIA DE
Address 303 VOORTREKKER ST.
City-State-Zip: OKHANDJA ALTitle D
Name RAINWATER, RANDY
Address 1766 NEW HOPE RD
City-State-Zip: LAWRENCEVILLE GA 30045Title SECRETARY
Name ODLE, ANN-MERI
Address 2645 CAVE CREEK LN.
City-State-Zip: SPRINGDALE AR 72764Title DIRECTOR
Name KASSANDJI, VENANCIUS S
Address 2116 SEBASTIAN DR.
City-State-Zip: CHARLOTTE NC 28214

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: MICHAEL M KADDATZ**PRESIDENT/TRREASURE 03/30/2021
R**_____
Electronic Signature of Signing Officer/Director Detail_____
Date