

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000008327

**Entity Name:** GENESIS ACADEMY OF ARTS INC.

**Current Principal Place of Business:**

2620 N AUSTRALIAN AVE  
STE 109  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

2620 N AUSTRALIAN AVE  
STE 109  
WEST PALM BEACH, FL 33407 US

**FEI Number: 87-1636830**

**Certificate of Status Desired: Yes**

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

A.RICH LLC  
3900 N HAVERHILL ROAD  
SUITE 223413  
WEST PALM BEACH, FL 33417 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 WILKINS, SYLVANA  
Address 4339 WILLOW BROOK CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33417

Title VP  
Name WILKINS, GENUIE II  
Address 653 N. HIGHLAND AVENUE NE  
City-State-Zip: ATLANTA GA 30306

Title DIRECTOR  
Name WILKINS, SAVANNAH  
Address 4339 WILLOW BROOK CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33417

*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: SYLVANA WILKINS**

**PRESIDENT**

**03/18/2024**

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

\_\_\_\_\_  
Date