above, or on an attachment with all other like empowered.

SIGNATURE: GENNELL CONWAY

Electronic Signature of Signing Officer/Director Detail

Entity Name: GENNELL GENEVA LOSS PREVENTION INC

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

415 LUKEMAN LN TALLAHASSEE, FL 32304

Current Mailing Address:

DOCUMENT# N22000009113

415 LUKEMAN LN TALLAHASSEE, FL 32304 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

CONWAY, GENNELL 415 LUKEMAN LN TALLAHASSEE, FL 32304 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

Officer/Director Detail :

Title	CEO	Title	TREA
Name	CONWAY, GENNELL G	Name	WEATHERSPOON, JOHN A
Address	415 LUKEMAN LN	Address	8473 TITUS LANE
City-State-Zip:	TALLAHASSEE FL 32304	City-State-Zip:	TALLAHASSEE FL 32305
Title	SEC		
Name	JONES, ESTELLE R		
Name Address	JONES, ESTELLE R 2300 CUMBERLAND DRIVE		

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

FILED May 01, 2023 Secretary of State 3015161164CC

Certificate of Status Desired: No

Date

Date

05/01/2023

CEO