

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730972 (7)

1. Corporation Name  
GENESIS HOUSE, INC.



Principal Place of Business 814 E MELBOURNE AVE P O BOX 2044 MELBOURNE FL 32902-9044	Mailing Address 814 E MELBOURNE AVE P O BOX 2044 MELBOURNE FL 32902-2044
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3. Date Incorporated or Qualified 10/24/1974	3a. Date of Last Report 04/09/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1595818	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ALLEN, MARY 101 C OCEAN TERRACE INDIALANTIC FL 32903	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALY, AGNES	1.2 NAME	
STREET ADDRESS	2430 NEW YORK ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	W. MELBOURNE FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYAR, MARY	2.2 NAME	
STREET ADDRESS	698 JACKSON CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	STELLITE BEACH FL	2.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, MARY	3.2 NAME	
STREET ADDRESS	101 C OCEAN TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	INDIALANTIC FL	3.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, CAROLE	4.2 NAME	
STREET ADDRESS	2106 WAVERLY PL.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	4.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIAN, VONNIE	5.2 NAME	
STREET ADDRESS	2085 SO. RIVER RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BEACH FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vonnie Marian* VONNIE MARIAN 3-25-97 407-951-9798  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018551

CR2E037 (9/96)