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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 730972

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 32902-9044



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

10/24/1974

4. FEI Number

59-1595818

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☒ DELETE

NAME HEALY, AGNES  
STREET ADDRESS 2430 NEW YORK ST.  
CITY-ST-ZIP W. MELBOURNE FL 32901

TITLE D ☐ DELETE

NAME BYAR, MARY  
STREET ADDRESS 698 JACKSON CT.  
CITY-ST-ZIP ST. LITE BEACH FL 32937

TITLE DP ☐ DELETE

NAME ALLEN, MARY  
STREET ADDRESS 101 C OCEAN TERRACE  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE DV ☒ DELETE

NAME FLOYD, CAROLE  
STREET ADDRESS 2106 WAVERLY PL.  
CITY-ST-ZIP MELBOURNE FL

TITLE SD ☐ DELETE

NAME MARIAN, VONNIE  
STREET ADDRESS 2085 SO. RIVER RD.  
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIT/D  
Marian, Vonnice  
2085 So River Rd  
Melbourne Beach, FL 32951

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marian Allen 4/25/99 407-722-5235

CR2E037 (11/98)