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05-03-1999 90012 049 ****70.00

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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 | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 10/24/1974 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 59-1595818 | |
| 22 | | 27 | | Applied For | |
| City & State | | City & State | | Not Applicable | |
| 23 | | 28 | | 5. Certificate of Status Desired | |
| Zip | | Zip | | X \$8.75 Additional Fee Required | |
| Country | | Country | | 6. Election Campaign Financing | |
| 24 | | 25 | | Trust Fund Contribution | |
| | | | | 29 | |
| | | | | 30 | |
| | | | | May Be Added to Fees | |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ALLEN, MARY 101 C OCEAN TERRACE INDIALANTIC FL 32903 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|--|--|---|--|--|
| TITLE | SD | <input checked="" 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 32901 | | 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 | STALUTE BEACH FL 32937 | | 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 - 145 Orlando Blvd | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | | 3.4 CITY-ST-ZIP | | |
| TITLE | DV | <input checked="" 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 | SD | <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MARIAN, VONNIE | | 5.2 NAME | S/T/D Marian, Vonnie | |
| STREET ADDRESS | 2085 SO. RIVER RD. | | 5.3 STREET ADDRESS | 2085 So River Rd | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | | 5.4 CITY-ST-ZIP | Melbourne Beach, FL 32951 | |
| 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 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: Marian Allen SIGNATURE REQUIRED Marian Allen Date 4/25/99 Daytime Phone # 407-722-5235

CR2E037 (11/98)