

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90139 022 ****70.00

DOCUMENT # 730972

1. Entity Name
GENESIS HOUSE, INC.

Principal Place of Business 814 MELBOURNE AVE MELBOURNE FL 32901	Mailing Address P O BOX 2044 MELBOURNE FL 32902
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430529



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-1595818**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, MARY
 101 C OCEAN TERRACE
 INDIALANTIC FL 32903**

Name
Street Address (P.O.-Box Number is Not Acceptable)
City
State FL
Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	HEALY, AGNES	
STREET ADDRESS	2430 NEW YORK ST.	
CITY-ST-ZIP	W MELBOURNE FL 32904	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYAR, MARY	
STREET ADDRESS	698 JACKSON CT.	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ALLEN, MARY	
STREET ADDRESS	145 ORLANDO BLVD	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARIAN, VONNIE	
STREET ADDRESS	2085 SO. RIVER RD.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Allen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/28/02**
 Daytime Phone #: **321-722-5235**

CR2E037 (9/01)