

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 26, 2004  
Secretary of State**

DOCUMENT# 730972

Entity Name: GENESIS HOUSE, INC.

**Current Principal Place of Business:**

814 MELBOURNE AVE  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2044  
MELBOURNE, FL 32902

**New Mailing Address:**

FEI Number: 59-1595818      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: HEALY, AGNES,  
Address: 2430 NEW YORK ST.  
City-St-Zip: W MELBOURNE, FL 32904

Title: D ( ) Delete  
Name: BYAR, MARY,  
Address: 698 JACKSON CT.  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DP ( ) Delete  
Name: ALLEN, MARY,  
Address: 145 ORLANDO BLVD  
City-St-Zip: INDIALANTIC, FL 32903

Title: STD ( ) Delete  
Name: MARIAN, VONNIE,  
Address: 2085 SO. RIVER RD.  
City-St-Zip: MELBOURNE BEACH, FL 32951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VONNIE MARIAN

STD

02/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date