

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730972

FILED
Apr 18, 2005
Secretary of State

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:

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

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: MARY J. ALLEN

04/18/2005

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: MATCHETT, JULIE
Address: 195 SATELLITE AVE.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: STD (X) Change () Addition
Name: CHEISMAN, LAURA K
Address: 215 SUNRISE AVE.
City-St-Zip: SATELLITE BEACH, FL 32937

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

Title: D (X) Change () Addition
Name: ROOT, NANCY C
Address: 240 HAMMOCK SHORE DR.
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Change (X) Addition
Name: ASHWELL, CAROL
Address: 293 ALBACORE PL
City-St-Zip: MELBOURNE BEACH, FL 32951

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: MARY JANE ALLEN

DP

04/18/2005

Electronic Signature of Signing Officer or Director

Date