

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730972

FILED  
Mar 09, 2006  
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 J  
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: DV      ( ) Delete  
Name: MATCHETT, JULIE  
Address: 195 SATELLITE AVE.  
City-St-Zip: SATELLITE BEACH, FL 32937

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

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

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

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

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

**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:

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

Title: D      ( ) Change (X) Addition  
Name: ALLEN, MICHAEL D  
Address: 4729 WAYFARER PLACE  
City-St-Zip: ORLANDO, FL 32807

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

ADM

03/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date