2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
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 J
145 ORLANDO BLVD.
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: 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: DELKER, MELISSA
Address: 110 E. NEW HAVEN AVE.
City-St-Zip: MELBOURNE, FL 32901

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

Title: D ( ) Delete
Name: ALLEN, MICHAEL D
Address: 3365 ERIE STREET
City-St-Zip: COCOA, FL 32926

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:

I hereby certify that the information supplied with this filing does not qualify 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: MARY J. ALLEN DP 04/15/2009

Electronic Signature of Signing Officer or Director Date