

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002707

FILED
Jan 12, 2004
Secretary of State

Entity Name: GENESIS CHRISTIAN ACADEMY & DAYCARE CENTER, INC.

Current Principal Place of Business:

936 NW 31ST AVE
GAINESVILLE, FL 02609

New Principal Place of Business:

936 NW 31ST AVE
GAINESVILLE, FL 32609

Current Mailing Address:

936 NW 31ST AVE
GAINESVILLE, FL 02609

New Mailing Address:

936 NW 31ST AVE
GAINESVILLE, FL 32609

FEI Number: 59-3717243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, MARVENELLE W
936 NW 31ST AVE
GAINESVILLE, FL 32609

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: DP () Delete
Name: THOMAS, MARVENELLE
Address: 11835 SW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32607

Title: PT () Delete
Name: THOMAS, RONALD B
Address: 11835 SW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32607

Title: ST () Delete
Name: THOMAS, TRADINA L
Address: 11835 SW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32607

Title: TT () Delete
Name: GALLOWAY, JERRI
Address: 1146 HWY 20
City-St-Zip: INTERLACHEN, FL 32148

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: MARVENELLE THOMAS

DP

01/12/2004

Electronic Signature of Signing Officer or Director

Date