

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

07-12-2005 90040 038 \*\*\*\*61.25

**DOCUMENT # N01000002707**

1. Entity Name  
**GENESIS CHRISTIAN ACADEMY & DAYCARE CENTER,  
INC.**



Principal Place of Business  
**936 NW 31ST AVE  
GAINESVILLE, FL 32609**

Mailing Address  
**936 NW 31ST AVE  
GAINESVILLE, FL 32609**

**DO NOT WRITE IN THIS SPACE**



07072005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3717243**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fes Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMAS, MARVENELLE 11835 SW 8TH AVENUE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT THOMAS, RONALD R. 11835 SW 8TH AVENUE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMAS, TRADINA L 11835 SW 8TH AVENUE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT GALLOWAY, JERRI 1146 HWY 20 INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Marvenelle W Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*July 7, 2005 352-258-2365*