


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N01000002707 |  |
| 1. Entity Name GENESIS CHRISTIAN ACADEMY & DAYCARE CENTER, INC. | |

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|---|---|
| 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



02232006 No Chg-NP CR2E037 (11/05)

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|---|--|
| 4. FEI Number 59-3717243 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

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

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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 *Marvenelle W Thomas* **3/14/06**
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 May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000472482 03/29/06-80038-013 61.25 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* **3/14/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Other Phone #