

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002314

FILED
May 03, 2009
Secretary of State

Entity Name: GENESIS CHRISTIAN CENTER, INC.

Current Principal Place of Business:

5493 WILES ROAD
SUITE 106
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

5493 WILES ROAD
SUITE 106
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 83-0387537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ESSUE, ALTHEA
1223 SW 46 AVENUE
APT. 104
POMPANO BEACH, FL 33069 US

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: P () Delete
Name: FACEY, OWEN DR.
Address: 12642 NW 8TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T () Delete
Name: ESSUE, ALTHEA
Address: 1223 SW 46 AVENUE, #104
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP () Delete
Name: SIMPSON, JOHN
Address: 5343 FLAMINGO COURT
City-St-Zip: COCONUT CREEK, FL 33073

Title: S () Delete
Name: SPENCER, RUTH
Address: 10382 NW 24TH PLACE, #306
City-St-Zip: SUNRISE, FL 33322

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 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: ALTHEA ESSUE

T

05/03/2009

Electronic Signature of Signing Officer or Director

Date