

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002314

FILED  
May 08, 2012  
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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ESSUE, ALTHEA L  
5493 WILES ROAD  
SUITE 106  
COCONUT CREEK, FL 33073 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:

05/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FACEY, OWEN DR.  
Address: 5493 WILES ROAD, SUITE 106  
City-St-Zip: COCONUT CREEK, FL 33073

Title: T  
Name: ESSUE, ALTHEA L  
Address: 5493 WILES ROAD, SUITE 106  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP  
Name: SIMPSON, JOHN  
Address: 5493 WILES ROAD, SUITE 106  
City-St-Zip: COCONUT CREEK, FL 33073

Title: S  
Name: SPENCER, RUTH  
Address: 5493 WILES ROAD, SUITE 106  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby 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 all other like empowered.

SIGNATURE: ALTHEA ESSUE

T

05/08/2012

Electronic Signature of Signing Officer or Director

Date