2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2008
Secretary of State

DOCUMENT# N07000003679

Entity Name: GENESIS COMMUNITY PROGRAM, INC.

Current Principal Place of Business:

1219 W SMITH ST
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1219 W SMITH ST
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 20-8582992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

HORN, JEFF
1219 W SMITH ST
ORLANDO, FL 32804 US

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: D ( ) Delete
Name: LYNUM, DAISY
Address: 411 ROCK LAKE DR
City-St-Zip: ORLADNO, FL 32805

Title: D ( ) Delete
Name: BRODERICK, VANESSA
Address: 2719 S ORANG BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: LIAUW, RAI
Address: 1219 W SMITH ST
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete
Name: HORN, JEFF
Address: 1219 WEST SMITH ST
City-St-Zip: ORLANDO, FL 32804

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: JEFF HORN D 08/26/2008
Electronic Signature of Signing Officer or Director — Date