

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2009
Secretary of State

DOCUMENT# N08000001279

Entity Name: GEN COUNSELING INC

Current Principal Place of Business:

1210 W ROBINSON ST
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

1210 W ROBINSON ST
ORLANDO, FL 32805 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENNI, KARIN N
213 S LAUREL AVE
217
SANFORD, FL FL US

Name and Address of New Registered Agent:

WHITTED, ANITA M
707 SOUTH IVEY LANE
G
ORLANDO, FL 32811 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: ANITA M. WHITTED

01/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORGAN, GEORGIA M
Address: 5420 KAREN COURT
City-St-Zip: ORLANDO, FL 32811 US

Title: VP () Delete
Name: SCOTT, ELIJAH
Address: 5420 KAREN CT
City-St-Zip: ORLANDO, FL 32811 FL

Title: SEC () Delete
Name: DENNIS, KARIN N
Address: 217 S. LAUREL AVE
City-St-Zip: SANFORD, FL 32771

Title: DIR (X) Delete
Name: SYKES, TONY
Address: 5420 KAREN COURT
City-St-Zip: ORLANDO, FL 32811 US

Title: DIR (X) Delete
Name: MOORE, DARRELL R
Address: 1204 W. 7TH. ST.
City-St-Zip: SANFORD, FL 32771 US

Title: DIR (X) Delete
Name: REGINALD, GLORIA
Address: 6566 LAWYER COURT
City-St-Zip: ORLANDO, FL 32809 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORGAN, GEORGIA M DR.
Address: 5420 KAREN COURT
City-St-Zip: ORLANDO, FL 32811 US

Title: DIR (X) Change () Addition
Name: MORGAN, GEORGIA M DR
Address: 5420 KAREN COURT
City-St-Zip: ORLANDO, FL 32811

Title: ADM. (X) Change () Addition
Name: WHITTED, ANITA M
Address: 707 SOUTH IVEY LANE APT G
City-St-Zip: ORLANDO, FL 32811

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: ANITA M. WHITTED

ADM

01/24/2009

Electronic Signature of Signing Officer or Director

Date