

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 20 AM 11:22

DOCUMENT # N34237

(0)

1. Corporation Name

GENESIS PROGRAMS, INC.

Principal Place of Business

Mailing Address

**C/O MSGR. BRYAN O. WALSH
9401 BISCAYNE BOULEVARD
MIAMI FL 33138**

**C/O MSGR. BRYAN O. WALSH
9401 BISCAYNE BOULEVARD
MIAMI FL 33138**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0151941

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FITZGERALD, J. PATRICK
338 MINORCA AVENUE
CORAL GABLES FL 33134**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WALSH, BRYAN O., (MSGR)
STREET ADDRESS 9401 BISCAYNE BLVD
CITY- ST- ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE D
NAME MCGRAW, RAYMOND
STREET ADDRESS 3675 S. MIAMI AVE
CITY- ST- ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE D
NAME ROJO, EDITA (SR.)
STREET ADDRESS 3675 SOUTH MIAMI AVE
CITY- ST- ZIP MIAMI, FLORIDA 33133

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE D
NAME KRAVERATH, LORRAINE (SR.)
STREET ADDRESS 3663 SOUTH MIAMI AVENUE
CITY- ST- ZIP MIAMI, FL 33133

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE D
NAME CAMPANO, MERCEDES
STREET ADDRESS 2625 COLLINS AVENUE
CITY- ST- ZIP MIAMI BEACH, FL 33140

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/95

305-7542044