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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33138-2970

3. Date Incorporated or Qualified: 09/14/1989
3a. Date of Last Report: 02/19/1996

2. Principal Place of Business — 21 · Suite, Apt. #, etc — 22 · City & State — 23 · Zip — 24 · Country — 25

2a. Mailing Address — 26 · Suite, Apt. #, etc. — 27 · City & State — 28 · Zip — 29 · Country — 30

4. FEI Number: 65-0151941 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	WALSH, BRYAN O., (MSGR)		1.2 NAME	WENSKI, THOMAS G. (REV.)	
STREET ADDRESS	9401 BISCAYNE BLVD		1.3 STREET ADDRESS	9401 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCGRAW, RAYMOND		2.2 NAME		
STREET ADDRESS	3675 S. MIAMI AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROJO, EDITA (SR.)		3.2 NAME		
STREET ADDRESS	3675 SOUTH MIAMI AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KRAVERATH, LORRAINE (SR.)		4.2 NAME		
STREET ADDRESS	3663 SOUTH MIAMI AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CAMPANO, MERCEDES		5.2 NAME		
STREET ADDRESS	2625 COLLINS AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address.

SIGNATURE: Bryan O Walsh Chairperson 1/7/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0029470

CR2E037 (9/96)