FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State
03-30-1999 90016 044 ****61.25

DOCUMENT # N34237 (0)

1. Corporation Name

GENESIS PROGRAMS, INC.

Principal Place of Business	Mailing Address
C/O MSGR. BRYAN O. WALSH 9401 Biscayne Blvd. Miami, FL 33138	C/O Msgr. Bryan O. Walsh 9401 Biscayne Blvd. Miami, FL 33138

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/14/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number APPLIED FOR ☑ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALSH, BRYAN O., (MSGR.)		1.2 NAME		
STREET ADDRESS	9401 Biscayne Blvd.		1.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL		1.4 CITY-ST-ZIP		
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	WENSKI, THOMAS G. (REV.)		5.2 NAME		
STREET ADDRESS	9401 BISCAYNE BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, 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		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Thomas Wenski 3/2/99 305-7542444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #