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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N40935

1. Corporation Name
GENESIS III OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
5264-4 CLAYTON COURT FORT MYERS FL 33907	5264-4 CLAYTON COURT FORT MYERS FL 33907

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/26/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0212345 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 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
PATTON, LINDA 5264 CLAYTON CT FT. MYERS FL 33907	81 Name: Hartsell Steven C 82 Street Address (P.O. Box Number is Not Acceptable): 1833 Hendry St 83 84 City: Ft. Myers FL 85 Zip Code: 33901

11. Pursuant to the provisions of Sections 617.0502 and 617.1502, 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: Steven C Hartsell 4-29-99
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	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	HARTSELL, STEVEN C		1.2 NAME	Sandra McQuinn	
STREET ADDRESS	1833 HENDRY ST		1.3 STREET ADDRESS	811 N. Enthrada Dr.	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OCONNOR, JOHN		2.2 NAME		
STREET ADDRESS	3003 TAMIAMI TRIAL N		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, DELVRA		3.2 NAME		
STREET ADDRESS	633 ASTARIAS CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33919		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KULL, ROBIN		4.2 NAME		
STREET ADDRESS	24850 OLD 41 RD, SUITE 10		4.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GOSS, REV. PHIL		5.2 NAME		
STREET ADDRESS	1238 SE 13 AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	REYNOLDS, LINDA		6.2 NAME		
STREET ADDRESS	5657 EICHEN CR		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		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: SIGN/TYPE OR PRINT NAME & TITLE Steven C Hartsell Pres/Dir. 4-29-99 Date 941-936-6244 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR