

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N49757** (0)

1. Corporation Name
GENESIS MIDDLE & HIGH SCHOOL, INC.



Principal Place of Business: **7710 OSTEEN RD. NEW PORT RICHEY FL 34653 US**
Mailing Address: **7710 OSTEEN RD. NEW PORT RICHEY FL 34653 US**

3. Date Incorporated or Qualified: **07/08/1992**
3a. Date of Last Report: **01/27/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-3138484	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees		
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NURRENBROCK, MELISSA 7710 OSTEEN RD. NEW PORT RICHEY FL 34653				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent's signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	URBANSKI, RUTH			1.2 NAME			
STREET ADDRESS	5407 DRIFT TIDE DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PT. RICHEY FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SCANNAVINO, DOMINICK			2.2 NAME			
STREET ADDRESS	4901 S. SHORE DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PT. RICHEY FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ABBEY, CYNTHIA			3.2 NAME			
STREET ADDRESS	6228 SPOONBILL DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JONAS, ANDREW			4.2 NAME			
STREET ADDRESS	4304 SEAGULL DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ACKLEY, EVA			5.2 NAME			
STREET ADDRESS	5012 W. SHORE DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	AMAR, RAMANA			6.2 NAME			
STREET ADDRESS	5794 WEST SHORE DR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL			6.4 CITY-ST-ZIP			

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 119.07(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 an address.

SIGNATURE: Melissa A. Nurrenbrock Date: March 4, 1996 Daytime Phone #: 813-846-8407

CR2E037 (12/95)