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FILED

Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

7710 OSTEEN RD.
NEW PORT RICHEY FL 34653
US7710 OSTEEN RD.
NEW PORT RICHEY FL 34653-2324
US3. Date Incorporated or Qualified
07/08/19923a. Date of Last Report
03/11/1996

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

4. FEI Number

59-3138484

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

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 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 PD ☒ DELETE
NAME URBANSKI, RUTH
STREET ADDRESS 5407 DRIFT TIDE DR.
CITY-ST-ZIP NEW PT. RICHEY FL1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Hudson, Leila
1.3 STREET ADDRESS 883 Royal Birkdale Drive
1.4 CITY-ST-ZIP Tarpon Springs, FL.TITLE VD ☐ DELETE
NAME HUDSON, LEILA
STREET ADDRESS 883 ROYAL BIRKDALE DRIVE
CITY-ST-ZIP TARPON SPRINGS FL2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Roddey, Christina
2.3 STREET ADDRESS 1181 Anclote Road # 35
2.4 CITY-ST-ZIP Tarpon Springs, FL.TITLE SD ☐ DELETE
NAME ABBEY, CYNTHIA
STREET ADDRESS 6228 SPOONBILL DR.
CITY-ST-ZIP NEW PORT RICHEY FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☒ DELETE
NAME JONAS, ANDREW
STREET ADDRESS 4304 SEAGULL DR.
CITY-ST-ZIP NEW PORT RICHEY FL4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME Clark, Mike
4.3 STREET ADDRESS 7535 Valencia Avenue
4.4 CITY-ST-ZIP Port Richey, FL.TITLE D ☐ DELETE
NAME ACKLEY, EVA
STREET ADDRESS 5012 W. SHORE DR.
CITY-ST-ZIP NEW PORT RICHEY FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME HART, LARRY
STREET ADDRESS 4415 MARINE PKWY
CITY-ST-ZIP NEW PORT RICHEY FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: Melissa A. Nurrenbrock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 1997 813-846-8407

Date Daytime Phone # 0068032

CR2E037 (9/96)