

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49757

FILED
Jan 19, 2006
Secretary of State

Entity Name: GENESIS PREPARATORY SCHOOL, INC.

Current Principal Place of Business:

7710 OSTEEN RD.
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

7710 OSTEEN RD.
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

FEI Number: 59-3138484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NURRENBROCK, MELISSA
7710 OSTEEN RD.
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ACKLEY, EVA
Address: 5012 W RIDGE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD () Delete
Name: NURRENBROCK, MELISSA
Address: 7710 OSTEEN RD
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: HANCOCK, ED
Address: 9550-1 US 19
City-St-Zip: PORT RICHEY, FL 34673

Title: TD () Delete
Name: CLARK MIKE,
Address: 7535 VALENCIA AVE
City-St-Zip: PORT RICHEY, FL

Title: D () Delete
Name: HUDSON, LEILA
Address: 883 ROYAL BIRKDALE
City-St-Zip: NEW PORT RICHEY, FL

Title: VD () Delete
Name: SIVER, ROBERT
Address: 4912 BAY PARK DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HANCOCK, ED
Address: 9550-1 US 19
City-St-Zip: PORT RICHEY, FL 34673

Title: SD (X) Change () Addition
Name: VANSANT-CROWLE, CAROLINE DR.
Address: 6101 BAYSIDE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: NURRENBROCK, MELISSA A DR.
Address: 7710 OSTEEN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD (X) Change () Addition
Name: CLARK, MIKE
Address: 16515 SANDHILL CRANE DRIVE
City-St-Zip: SPRING HILL, FL 34610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: LEAGUE, DAVID
Address: 1543 SWAMP ROSE LANE
City-St-Zip: TRINITY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. MELISSA A. NURRENBROCK

D

01/19/2006

Electronic Signature of Signing Officer or Director

Date