

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000005149 (0)

1. Corporation Name

GENESIS, A CHRISTIAN COFFEE HOUSE INC.

Principal Place of Business

Mailing Address

3910 S. WASHINGTON AVE.
STE 107
TITUSVILLE FL 32780
US

P.O. BOX 6061
TITUSVILLE FL 32782
US

3. Date Incorporated or Qualified

04/16/1993

3a. Date of Last Report

04/28/1994

4. FEI Number

59-3179127

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2510 So. Hopkins Av.

26 1145 NOVA TERRACE

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 TITUSVILLE FLA

28 TITUSVILLE FL

Zip

Country

Zip

Country

24 32780

25 USA

29 32796

30 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

JACK, STEVE L
1145 NOVA TERRACE
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name) of registered agent and title (if applicable)

(Print) Registered Agent Signature (required when not stated)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PM
NAME	JACK, STEVE L
STREET ADDRESS	1145 NOVA TERR
CITY ST ZIP	TITUSVILLE FL
TITLE	VTS
NAME	JACK, DONNA (DAVIS)
STREET ADDRESS	1145 NOVA TERR
CITY ST ZIP	TITUSVILLE FL
TITLE	D
NAME	URRUTIA, CHUCK J
STREET ADDRESS	1645 ARCH RD
CITY ST ZIP	MIMS FL
TITLE	D
NAME	PARSONS, MIKE
STREET ADDRESS	6485 ORCHID AVE
CITY ST ZIP	COCOA FL
TITLE	D
NAME	ALLEN, GERALD T SR
STREET ADDRESS	2507 MIDDLEHURST RD
CITY ST ZIP	TITUSVILLE FL
TITLE	D
NAME	HYDORN, ROBERT
STREET ADDRESS	4515 CARLYLE AVE
CITY ST ZIP	TITUSVILLE FL

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	DELETE
34 CITY ST ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	DELETE
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 mine is 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:

Steve L. Jack STEVE L. JACK

4-27-95

407-269-5023

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER