

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 26 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000005149 (0)**  
 1. Corporation Name  
**GENESIS, A CHRISTIAN COFFEE HOUSE INC.**



Principal Place of Business <b>3111 PARKER STREET MIAMI FL 32754 US</b>	Mailing Address <b>1145 NOVA TERRACE TITUSVILLE FL 32796 US</b>
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3. Date Incorporated or Qualified <b>04/16/1993</b>	Applied For Not Applicable
4. FEI Number <b>59-3179127</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>	

2. Principal Place of Business 21 <b>3111 PARKER ST</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>3111 PARKER ST.</b> Suite, Apt. #, etc.
22 City & State 23 <b>Mims, FL</b>	27 City & State 28 <b>Mims, FL</b>
24 Zip <b>32754</b> 25 Country <b>US</b>	29 Zip <b>32754</b> 30 Country <b>US</b>

9. Name and Address of Current Registered Agent <b>JACK, STEVE L 1145 NOVA TERRACE TITUSVILLE FL 32796</b>	10. Name and Address of New Registered Agent 81 Name <b>JACK, STEVE L.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3111 PARKER ST.</b> 83 84 City <b>Mims</b> 85 Zip Code <b>FL 32754</b>
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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 signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PM</b> <input type="checkbox"/> DELETE	NAME <b>JACK, STEVE L</b>	1.1 TITLE <b>PM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1145 NOVA TERR</b>	CITY-ST-ZIP <b>TITUSVILLE FL</b>	1.2 NAME <b>JACK, STEVE L.</b>
TITLE <b>VTS</b> <input type="checkbox"/> DELETE	NAME <b>JACK, DONNA (DAVIS)</b>	1.3 STREET ADDRESS <b>3111 PARKER ST.</b>
STREET ADDRESS <b>1145 NOVA TERR</b>	CITY-ST-ZIP <b>TITUSVILLE FL</b>	1.4 CITY-ST-ZIP <b>Mims, FL 32754</b>
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>ALLEN, GERALD T SR</b>	2.1 TITLE <b>VTS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2507 MIDDLEHURST RD</b>	CITY-ST-ZIP <b>TITUSVILLE FL</b>	2.2 NAME <b>JACK, DONNA (DAVIS)</b>
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>HYDORN, ROBERT</b>	2.3 STREET ADDRESS <b>3111 PARKER ST.</b>
STREET ADDRESS <b>4516 CARLYLE AVE</b>	CITY-ST-ZIP <b>TITUSVILLE FL</b>	2.4 CITY-ST-ZIP <b>Mims, FL 32754</b>
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>HARTLEP, MICHELLE</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1145 NOVA TERRACE</b>	CITY-ST-ZIP <b>TITUSVILLE FL</b>	3.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP
CITY-ST-ZIP	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS	4.2 NAME
	CITY-ST-ZIP	4.3 STREET ADDRESS
	NAME	4.4 CITY-ST-ZIP
	STREET ADDRESS	5.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	CITY-ST-ZIP	5.2 NAME <b>HARTLEP, michelle</b>
	NAME	5.3 STREET ADDRESS <b>3111 PARKER ST.</b>
	STREET ADDRESS	5.4 CITY-ST-ZIP <b>Mims, FL. 32754</b>
	CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	6.2 NAME
	STREET ADDRESS	6.3 STREET ADDRESS
	CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Steve L. Jack **PM** **8-20-98** **407-269-5023**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)