


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90073 033 \*\*\*\*61.25

<b>DOCUMENT # N93000005149</b>	
1. Entity Name <b>GENESIS, A CHRISTIAN COFFEE HOUSE INC.</b>	

Principal Place of Business <b>3111 PARKER ST MIMS FL 32754 US</b>	Mailing Address <b>3111 PARKER ST MIMS FL 32754 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>59-3179127</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>JACK, STEVE L 3111 PARKER ST MIMS FL 32754</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	<b>FL</b> Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PM</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JACK, STEVE L</b>		NAME	
STREET ADDRESS <b>3111 PARKER ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIMS FL 32754</b>		CITY-ST-ZIP	
TITLE <b>VTS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JACK, DONNA (DAVIS)</b>		NAME	
STREET ADDRESS <b>3111 PARKER ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIMS FL 32754</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALLEN, GERALD T SR</b>		NAME	
STREET ADDRESS <b>2507 MIDDLEHURST RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TITUSVILLE FL</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HYDORN, ROBERT</b>		NAME	
STREET ADDRESS <b>4515 CARLYLE AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TITUSVILLE FL</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARTLEP, MICHELLE</b>		NAME	
STREET ADDRESS <b>3111 PARKER ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIMS FL 32754</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steve L. Jack Date: 4-19-04 Daytime Phone #: 321-269-5023