


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90152 015 ****61.25

DOCUMENT # N93000005149					
1. Entity Name GENESIS, A CHRISTIAN COFFEE HOUSE INC.					
Principal Place of Business 3111 PARKER ST MIMS, FL 32754 US			Mailing Address 3111 PARKER ST MIMS, FL 32754 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JACK, STEVE L 3111 PARKER ST MIMS, FL 32754				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK, STEVE L			NAME	
STREET ADDRESS	3111 PARKER ST			STREET ADDRESS	
CITY-ST-ZIP	MIMS, FL 32754			CITY-ST-ZIP	
TITLE	VTS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK, DONNA (DAVIS)			NAME	
STREET ADDRESS	3111 PARKER ST			STREET ADDRESS	
CITY-ST-ZIP	MIMS, FL 32754			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, GERALD T SR			NAME	AARON Joshua JACK
STREET ADDRESS	2507 MIDDLEHURST RD			STREET ADDRESS	3111 PARKER ST.
CITY-ST-ZIP	TITUSVILLE, FL			CITY-ST-ZIP	MIMS, FL 32754
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDORN, ROBERT			NAME	
STREET ADDRESS	4515 CARLYLE AVE			STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLEP, MICHELLE			NAME	
STREET ADDRESS	3111 PARKER ST			STREET ADDRESS	
CITY-ST-ZIP	MIMS, FL 32754			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)(j), 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: <u>Steve L. Jack</u>		STEVE L. JACK		4-28-2005	321-269-5023
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	<small>Daytime Phone #</small>



04182005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3179127 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required