2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005149

GENESIS A CHRISTIAN COFFEE HOUSE INC

FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90202 020 ****61.25

| GLINLOID, | A CHINGHAM COLLECTION | OL ING. | | 7 | | | | |
|--|--|--|---------------------------------------|---|---|-----------------------------------|-------------|--|
| 3111 PARKER ST 3111 | | Mailing Address 3111 PARKER ST MIMS FL 32754 US | 111 PARKER ST IIMS FL 32754 | | ra 11:71 (61)) abili 2011 8611 8815; 4: | 181 14 8 15 81 8 15 | 1 (B): 48B) | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | | 4. FEI Number 59-3179127 Applied For V Not Applicable | | | | |
| Zip | .Country. | Zip | Country | | | | ional | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Addr | ess of New Registered Age | nt | | |
| | | | Name | Name | | | | |
| JACK, ST 3111 PAF | rker st | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| MIMS FL | 32/54 | | City | | FL | Zip Code | ! | |
| | named entity submits this statement fo ions of registered agent. | r the purpose of changing its | registered office or registi | ered agent, or both, in t | | llar with, ar | nd accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable (NOTE | : Registered Agent signature requir | ed when reinstating) | DATE | | | |
| | Signature, Apost S. Printed Mario S. registered again. | | | | | | | |
| FILE NOW: FEE IS \$61.25 9. Election Campaig Trust Fund Contrit | | | · · · | \$5.00 May Be Added to Fees | Make Check Pa Florida Departme | | | |
| 10. | OFFICERS AND DIF | RECTORS | 11. | ADDITIONS/CHANGE | S TO OFFICERS AND DIREC | TORS IN 1 | 0 | |
| TITLE NAME STREET ADDRESS | PM JACK, STEVE L 3111 PARKER ST | ☐ Delete | TITLE NAME STREET ADDRESS | - | | Change | Addition | |
| CITY-ST-ZIP | MIMS FL 32754 | | CITY-ST-ZIP | | | | | |
| TITLE NAME | VTS JACK, DONNA (DAVIS) | ☐ Delete | TITLE NAME | | | Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | 3111 PARKER ST MIMS FL 32754 | uar kakhiri di uj≡ | STREET ADDRESS CITY-ST-ZIP | ** - : | u voi | - | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALLEN, GERALD T SR 2507 MIDDLEHURST RD TITUSVILLE FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition | |
| TITLE NAME | D HYDORN, ROBERT 4515 CARLYLE AVE | ☐ Delete | TITLE NAME STREET ADDRESS | | | Change | Addition | |
| CITY-ST-ZIP | TITUSVILLE FL D | Delete | CITY-ST-ZIP | | | Change | ☐ Addition | |
| NAME | HARTLEP, MICHELLE 3111 PARKER ST MIMS FL 32754 | — Delete | NAME STREET ADDRESS CITY-ST-ZIP | | | - white | COLORDII | |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME STREET ADDRESS | | | Change | Addition | |
| 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:

4.21-03

321-269-5023