

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

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

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

01/20/03

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

4. FEI Number **59-3179127**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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** 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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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 Delete
NAME **PM JACK, STEVE L**
STREET ADDRESS **3111 PARKER ST**
CITY-ST-ZIP **MIMS FL 32754**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VTS JACK, DONNA (DAVIS)**
STREET ADDRESS **3111 PARKER ST**
CITY-ST-ZIP **MIMS FL 32754**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D ALLEN, GERALD T SR**
STREET ADDRESS **2507 MIDDLEHURST RD**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D HYDORN, ROBERT**
STREET ADDRESS **4515 CARLYLE AVE**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D HARTLEP, MICHELLE**
STREET ADDRESS **3111 PARKER ST**
CITY-ST-ZIP **MIMS FL 32754**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: **SIGNATURE REQUIRED** *STEVE L JACK*

4-21-03

321-269-5023

CR2E037 (10/02)