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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006363

1. Corporation Name
Genesis Ministry Inc & Non Denominational Church

Principal Place of Business: 104 S. Division Avenue Orl. Fl 32805
Mailing Address: P.O. Box 2566 Orl. Fl 32802

3. Date Incorporated or Qualified: 1994

4. FEI Number: 59-3284644 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 104 S. Division Av.
22 Suite, Apt. #, etc.: N/A
23 City & State: Orlando, Fl.
24 Zip: 32805 25 Country: U.S.

2a. Mailing Address
26: P.O. Box 2566
27 Suite, Apt. #, etc.: N/A
28 City & State: Orlando, Fl.
29 Zip: 32802 30 Country: U.S.

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

6. Election Campaign Financing Trust Fund Contribution N/A ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: G. M. Darden
82 Street Address (P.O. Box Number is Not Acceptable): 5420 Karen Court
83
84 City: Orlando FL 85 Zip Code: 32811

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: G. M. Darden (Signature type or print name of registered agent, if applicable) (NOTE: Registered agent's signature required when applicable) DATE: 4-25-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pastor / G.M. Darden / 5420 Karen Ct / Orlando, Fl. 32811 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Treasurer / Annie R. Thornton Waller (Deceased) / Orlando, Fl. 32805 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Co-Pastor / Collette Vanterpool / 817 A S. Ivey Lane, Orlando, Fl 32811 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Deacon / Johnnie Darden / 5420 Karen Ct / Orlando, Fl. 32811 ☒ Change ☐ Addition — No longer With Ministry
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Co Pastor / Timothy Gary / 539 Grove Park Dr / Orlando, Fl. 32801 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Presiding Elder / Alvella Edwards / 1110 Valencia / Haines City, Fl. 33844 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Outreach Pastor / Ethel Jean Sinclair / 3205 Hammersmith Rd / Orlando, Florida ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Treasurer / Julius Edwards / 801 D.S. Ivey Lane / Orlando, Florida 32811 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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14. 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 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: G. M. Darden 4-25-98 (407) 578-0454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #