FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93617 001 ***210.00

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

DOCUMENT # N94000006363 ✓

1. Entity Name
Genesis Ministry and Nondenominational Church

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
615 West Church	
Suite, Apt. #, etc. E	Suite, Apt. #, etc.
City & State Orlando Florida	City & State
Zip 32805 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Georgia Mae Darden

Street Address (P.O. Box Number is Not Acceptable)

5420 Karen Ct

City Orlando FL Zip Code 32811

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.

SIGNATURE: Georgia Darden 5-20-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE Pres NAME Dr. Georgia Mae Darden STREET ADDRESS 5420 Karen Ct CITY-ST-ZIP Orlando Florida 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME Karen L Byrd-Burks STREET ADDRESS 7238 Pinion Drive CITY-ST-ZIP Orlando Florida 32818		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME Alice Counts STREET ADDRESS 1067 West Jefferson St #A CITY-ST-ZIP Orlando Florida 32855		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE D NAME Herbert Jones STREET ADDRESS 5420 Karen Ct CITY-ST-ZIP Orlando Florida 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
TITLE D NAME Gloria Jean Reginald STREET ADDRESS 508 Lucille Way CITY-ST-ZIP Orlando Florida 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME J.T. Buford STREET ADDRESS 801 South Ivey Lane CITY-ST-ZIP Orlando 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Georgia Darden 5-20-02 407-422-0540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #