

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 # **N940000006363**

1. Entity Name

Genesis Ministry and Nondenominational Church

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

615 West Church

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando Flor. da

City & State

4. FEI Number

Applied For

Not Applicable

Zip

32805

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-20-02

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

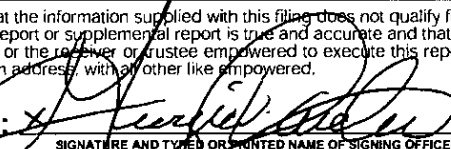
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres Dr. Georgia Mae Darden 5420 Karen Ct Orlando Florida 32811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Karen L Byrd-Burks 7238 P. in. on Drive Orlando Florida 32818
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Alice Counts 667 West Jefferson st #A Orlando Florida 32855
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Herbert Jones 5420 Karen Ct Orlando Florida 32811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gloria Jean Reginald 508 Lucille Way Orlando Florida 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D J. T. Bufford 801 south Ivey Lane Orlando 32811

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**DO NOT WRITE
IN THIS SPACE**

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 trustee 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 any other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-02

Date

Daytime Phone #

407-422-0540

CR2E037B (12/01)