

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90028 007 \*\*\*\*62.50

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DOCUMENT # N98000004753

1. Corporation Name

GENESIS YOUTH MINISTRIES, INC.

Principal Place of Business

P.O. BOX 13537  
MEXICO BEACH FL 32410

Mailing Address

P.O. BOX 13537  
MEXICO BEACH FL 32410



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 P.O. Box 13537 Suite, Apt. #, etc.

27 City & State

28 Mexico Beach, FL Zip Country

3. Date Incorporated or Qualified

08/17/1998

4. FEI Number

NA

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

METCALF, CAROLYN R  
115 42ND STREET  
MEXICO BEACH FL 32410

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 Carolyn R. Metcalf

(NOTE: Registered Agent signature required when reinstating)

4/25/99 DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MATTHEWS, LEE  
STREET ADDRESS 1007 S. JAN DRIVE  
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE D ☐ DELETE

NAME METCALF, CAROLYN  
STREET ADDRESS P.O. BOX 13537  
CITY-ST-ZIP MEXICO BEACH FL 32410

TITLE D ☐ DELETE

NAME JORDAN, RANDY  
STREET ADDRESS 501 MAINE ST.  
CITY-ST-ZIP PARKER FL 32404

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Carolyn R. Metcalf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99 (850) 648-9113 Date Daytime Phone #

CR2E037 (1/98)