

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000003739	
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1. Entity Name
GENESIS COUNSELING CENTER, INC.

Principal Place of Business 1501 BUILDING RIDGEWOOD AVE STE 213 HOLLY HILL, FL 32117	Mailing Address 336 S. HALIFAX DR. ORMOND BEACH, FL 32177-8111
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01202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3583580	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH, FL 32114

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATSON, CLARE T 336 S. HALIFAX DR. ORMOND BEACH, FL 321778111
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLACK, HARRY H M.D. 336 S. HALIFAX DR. ORMOND BEACH, FL 321778111
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUST, JAMES W DPM 336 S. HALIFAX DR. ORMOND BEACH, FL 321778111
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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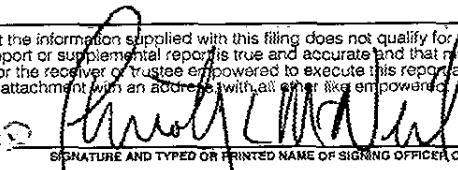
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/04/04-80024-006 61.25

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

1-30-04 386-677-3581

#310