## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003739

Entity Name: GENESIS COUNSELING CENTER, INC.

**FILED** May 01, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Principal Place of Business:	New Principal Place of Business

1501 BUILDING RIDGEWOOD AVE STE 213

HOLLY HILL, FL 32117

**New Mailing Address: Current Mailing Address:** 

336 S. HALIFAX DR. 336 S HALIFAX DR

ORMOND BEACH, FL 321778111 ORMOND BEACH, FL 321778111

FEI Number: 59-3583580 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

( ) Delete

O'DWYNER, BRIAN Name: Address: 336 S. HALIFAX DR.

City-St-Zip: ORMOND BEACH, FL 32176

Title: () Delete BLACK, HARRY H M.D. Name:

Address: 336 S. HALIFAX DR.

City-St-Zip: ORMOND BEACH, FL 321778111

Title: () Delete RUST, JAMES W DPM Name: 336 S. HALIFAX DR. Address:

City-St-Zip: ORMOND BEACH, FL 321778111

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

TOZER, REBECCA C Name:

Address: 1316 NORTHSIDE DR

City-St-Zip: ORMOND BEACH, FL 321743959

Title: (X) Change ( ) Addition

STILLION, JUDITH A Name:

Address: 235 ANN RUSTIN DR

ORMOND BEACH, FL 321764131 City-St-Zip:

Title: (X) Change ( ) Addition

HAZEN, CONRAD A Name: 77 N ST ANDREWS DR Address:

City-St-Zip: ORMOND BEACH, FL 321743863

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA C TOZER D 05/01/2007