## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000006524

FILED Jan 13, 2009 Secretary of State

Entity Name: GENESIS PREPARATORY SCHOOL OF GAINESVILLE, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	BRD AVENUE LLE, FL 32609	US			
Current Mailing Address:			New Maili	New Mailing Address:	
	BRD AVENUE LLE, FL 32609	US			
FEI Number:	59-3633481	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired (X)	
Name and	Address of Co	urrent Registered Agent:	Name and	Address of New Registered Agent:	
926 NW 13	PETER C.K. BTH AVE LLE, FL 32606	US			
	named entity s of Florida.	ubmits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
OFFICERS	AND DIRECT	ORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () DAVIS, JEANNE 1812 NW 6TH AV GAINESVILLE, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MOORE, IDA 7024 HANSON D JACKSONVILLE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () OSOBA, TERES. 6118 SW 63 LAN GAINESVILLE, F	NE .	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () HENRY, CHARM 2336 NE 3RD PI GAINESVILLE, F	-	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition BROWN-DAVIS, EUNICE 5200 N.W. 43RD STREET, #102-214 GAINESVILLE, FL 32606	

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: CHARMAINE B. HENRY MRS. 01/13/2009