

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006723

**Entity Name:** GENESIS BIBLICAL COLLEGE AND GRADUATE SCHOOL INC.

**FILED**  
**Jun 14, 2020**  
**Secretary of State**  
**0404376043CC**

**Current Principal Place of Business:**

2029 STRYKER ST  
ORLANDO, FL 32805

**Current Mailing Address:**

P O BOX 617603  
ORLANDO, FL 32861 US

**FEI Number: 27-3368419**

**Certificate of Status Desired: No**

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

WHITTED, ANITA M  
2029 STRYKER ST  
ORLANDO, FL 32805 US

*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

**Officer/Director Detail :**

Title            FOUNDER  
Name            MORGAN, G M  
Address        P O BOX 617603  
City-State-Zip: ORLANDO FL 32861

Title            ADM  
Name            WHITTED, ANITA M  
Address        P O BOX 617603  
City-State-Zip: ORLANDO FL 32861

Title            FINANCIAL SECRETARY  
Name            GIBBS, TRACEE M  
Address        P O BOX 617603  
City-State-Zip: ORLANDO FL 32861

Title            TRUSTEE  
Name            GIBBS, CRYSTAL A  
Address        1712 ROSE BLVD  
City-State-Zip: ORLANDO FL 32839

*I hereby 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 all other like empowered.*

**SIGNATURE: ANITA GIBBS WHITTED**

**ADMINISTRATOR**

**06/14/2020**

Electronic Signature of Signing Officer/Director Detail

Date