

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000008616

Entity Name: GENESIS RECOVERY, INC.**Current Principal Place of Business:**1432 WEST LINE STREET
LEESBURG, FL 34748**Current Mailing Address:**P.O. BOX 1316
LADY LAKE, FL 32158 US**FEI Number:** 93-3379293**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOFFETT, KAREN
573 DOWLING CIRCLE
LADY LAKE, FL 32159 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 VP, DIRECTOR
Name CARRABOTTA, RACHAEL
Address 1423 W LINE ST
City-State-Zip: LEESBURG FL 34748

Title SECRETARY, DIRECTOR
Name MOFFETT, KAREN
Address 573 DOWLING CIRCLE
City-State-Zip: LADY LAKE FL 32159

Title PRESIDENT, DIRECTOR
Name HOOVER, JOHN
Address 609 HIGHWAY 466 #1017
City-State-Zip: LADY LAKE FL 32159

Title TREASURER, DIRECTOR
Name HATHAWAY, CURT
Address 573 DOWLING CIRCLE
City-State-Zip: LADY LAKE FL 32159

Title D
Name CREELY, PATTY
Address 1321 PARADISE DRIVE
City-State-Zip: LADY LAKE FL 32159

Title DIRECTOR
Name CREELY, KEN JR.
Address 17 SE CHINICA DR
City-State-Zip: SUMMERFIELD FL 34491

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: KAREN MOFFETT**SECRETARY****03/21/2024**

Electronic Signature of Signing Officer/Director Detail

Date