

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000045311

Entity Name: GENESIS EDUCATIONAL SERVICES OF FLORIDA, INC.**Current Principal Place of Business:**6951 W SUNRISE BOULEVARD
PLANTATION, FL 33313**Current Mailing Address:**6951 W. SUNRISE BLVD.
PLANTATION, FL 33313 US**FEI Number: 82-1787097****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SANES, JENNIFER
6951 W. SUNRISE BLVD.
PLANTATION, FL 33313 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	CEO
Name	JACKSON, EDWARD P
Address	6951 W. SUNRISE BLVD.
City-State-Zip:	PLANTATION FL 33313

Title	C
Name	GARRETT, JAMES T
Address	6951 W. SUNRISE BLVD.
City-State-Zip:	PLANTATION FL 33313

Title	P
Name	GEORGE, KRISHNA
Address	182 N.W. 75YH TERR.
City-State-Zip:	PLANTATION FL 33317

Title	D
Name	HERMANN, RICHARD
Address	3633 BAYSHORE BLVD. N.E.
City-State-Zip:	ST. PETERSBURG FL 33703

Title	D
Name	GAINEY, JAMES P
Address	6951 W. SUNRISE BLVD.
City-State-Zip:	PLANTATION FL 33313

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES GARRETT**DIRECTOR/CHIEF
FINANCIAL OFFICER****04/10/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date