

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714651 (7)

1. Corporation Name
SERENITY CENTER, INC.



Principal Place of Business
2723 SECOND ST.
FT. MYERS FL 33916

Mailing Address
P.O. BOX 2266
FT. MYERS FL 33902
US

3. Date Incorporated or Qualified
05/24/1968

3a. Date of Last Report
06/30/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
59-1457385

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MOORE, CAROLYN L
2723 SECOND ST
FT. MYERS FL 33901

10. Name and Address of New Registered Agent
81 Name Bob Austin
82 Street Address (P.O. Box Number is Not Acceptable) 17404 Homewood Rd
83
84 City Ft Myers FL 85 Zip Code 33912

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Bob Austin* 4-24-96
Signature typed or printed name of registered agent and title in parentheses (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	BEAN, WILLIAM E	13141 MCGREGOR BLVD.	FT MYERS FL 33919	<input checked="" type="checkbox"/>
VPO	HARTNER, JUDITH MD	3920 MICHIGAN AVE.	FT. MYERS FL 33916	<input checked="" type="checkbox"/>
SD	CABAI, JOAN	1475 N. LARKWOOD SQUARE	FT. MYERS FL 33919	<input checked="" type="checkbox"/>
TD	SOUTHWICK, DONALD J.	5597 TRELIS LANE	FT. MYERS FL 33919	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
P/D	Waise Shelton	2727 Winkler Ave	Ft Myers FL 33901	S/D	Bob Austin	17404 Homewood Rd	Ft Myers FL 33912	T/D	Joseph Mazurkiewicz	3206 SW 7th Pl	Cape Coral FL 33914												

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bob Austin* 4-24-96
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)