

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 # **731444 (6)**
1. Corporation Name
SERENITY JUNCTION, INCORPORATED OF PANAMA CITY



Principal Place of Business: **922 JENKS AVE. PANAMA CITY FL 32401 US**
Mailing Address: **PO BOX 1881 PANAMA CITY FL 32402-1881 US**

3. Date Incorporated or Qualified: **12/23/1974**
3a. Date of Last Report: **03/23/1995**
4. FEI Number: **59-1701355**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

g. Name and Address of Current Registered Agent
**AFRAGOLA, MARK
1702 CHERRY ST.
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, LUCIUS B.	1.2 NAME	HALL, KINTON JR.
STREET ADDRESS	1016 W. 12TH . CT.	1.3 STREET ADDRESS	1812 MOUND AVE
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, KINTON JR.	2.2 NAME	POPE, LUCIUS B.
STREET ADDRESS	1812 MOUND AVE	2.3 STREET ADDRESS	1016 W. 12th Ct.
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, WALKER	3.2 NAME	AFRAGOLA, MARK
STREET ADDRESS	2110 E NORWOOD DR	3.3 STREET ADDRESS	1702 CHERRY ST
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFRAGOLA, MARK	4.2 NAME	GADDIE, DONALD W
STREET ADDRESS	1702 CHERRY ST.	4.3 STREET ADDRESS	826 BRANDERS AVE
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, MICHELLE M.	5.2 NAME	ROBERTS, J. D.
STREET ADDRESS	250 NELLE ST	5.3 STREET ADDRESS	24 HARRISON AVE.
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HALL, KINTON JR.
1.3 STREET ADDRESS	1812 MOUND AVE
1.4 CITY-ST-ZIP	PANAMA CITY, FL 32405
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	POPE, LUCIUS B.
2.3 STREET ADDRESS	1016 W. 12th Ct.
2.4 CITY-ST-ZIP	PANAMA CITY, FL 32401
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AFRAGOLA, MARK
3.3 STREET ADDRESS	1702 CHERRY ST
3.4 CITY-ST-ZIP	PANAMA CITY, FL 32401
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GADDIE, DONALD W
4.3 STREET ADDRESS	826 BRANDERS AVE
4.4 CITY-ST-ZIP	PANAMA CITY, FL 32405
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBERTS, J. D.
5.3 STREET ADDRESS	24 HARRISON AVE.
5.4 CITY-ST-ZIP	PANAMA CITY, FL 32401
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Donald W Gaddie DONALD GADDIE 4/28/96 904-914-8174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (12/95)