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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 731444

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/23/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1701355	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GADDIE, DONALD 826 BRANDEIS AVE PANAMA CITY FL 32405				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SD
NAME	BARNES, SIDNEY	1.2 NAME	KRAKKER, BELINDA
STREET ADDRESS	5928 STEPHANIE DRIVE	1.3 STREET ADDRESS	409 SCHOOL AVE B6
CITY-ST-ZIP	PANAMA CITY FL 32404	1.4 CITY-ST-ZIP	SPRINGFIELD, FL 32401
TITLE	VPD	2.1 TITLE	
NAME	POPE, LUCIUS B.	2.2 NAME	
STREET ADDRESS	1016 W 12TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	
NAME	WARE, RUBY	3.2 NAME	
STREET ADDRESS	24 HARRISON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	GADDIE, DONALD W	4.2 NAME	
STREET ADDRESS	826 BRANDEIS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	WHEELER, CYNTHIA J.	5.2 NAME	
STREET ADDRESS	3904 VENETIAN CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Donald W. Gaddie* DONALD W. GADDIE 4/9/99 (850) 785-2157
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 TREAS.

CR2E037 (1/98)