

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**DOCUMENT # 731444**

1. Entity Name

SERENITY JUNCTION, INCORPORATED OF PANAMA CITY



**FILED**  
**Mar 09, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business 922 JENKS AVE. PANAMA CITY FL 32401 US	Mailing Address PO BOX 1881 PANAMA CITY FL 32402-1881 US
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MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State	4. FEI Number 59-1701355	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**  
  
GADDIE, DONALD  
826 BRANDEIS AVE  
PANAMA CITY FL 32405

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GREEN, EMERY 105 N PALO ALTO AVE PANAMA CITY FL 32401	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GADDIE, DONALD 826 BRANDEIS AVE PANAMA CITY FL 32405	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARNES, SIDNEY 5928 STEPHANIE DR PANAMA CITY FL 32404	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SECHREST, JUANITA 1136 WEST ST PANAMA CITY FL 32404	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GOTSHALL, KARL 2993 MICHIGAN CT PANAMA CITY FL 32405	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** Sidney W. Barnes 03-08-04 (450) 874-1574  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #