

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified 12/23/1974 3a. Date of Last Report 02/22/1994
4. FEI Number 59-1701355 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	POPE, LUCIUS B.
STREET ADDRESS	1016 W. 12TH . CT.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	VD
NAME	BARNES, SIDNEY
STREET ADDRESS	5928 STEPHANIE DR.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	VD
NAME	SMITH, KEVIN
STREET ADDRESS	217 W 8TH ST
CITY-ST-ZIP	PANAMA CITY FL
TITLE	TD
NAME	AFRAGOLA, MARK
STREET ADDRESS	1702 CHERRY ST.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	SD
NAME	SINGER, IRIS
STREET ADDRESS	316 CHERRY ST #27
CITY-ST-ZIP	PANAMA CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP/D
2.3 STREET ADDRESS	HALL, KINTON, Jr.
2.4 CITY-ST-ZIP	1812 MOUND AVE. PANAMA CITY FL 32405-1147
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP/D
3.3 STREET ADDRESS	GREEN, Walker
3.4 CITY-ST-ZIP	2110 E. NORWOOD DR. PANAMA CITY FL 32405
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S/D
5.3 STREET ADDRESS	MONROE, michelle, M
5.4 CITY-ST-ZIP	250 NELLE ST. PANAMA CITY FL 32404-7700
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 110.07(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: Mark Afragola MARK AFRAGOLA MARCH 14th 1995 904-283-4137
SIGNATURE AND TYPOGRAPH PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Within 1 Year)