

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
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3. Date Incorporated or Qualified 12/23/1974	3a. Date of Last Report 03/23/1995
4. FEI Number 59-1701355	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	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
85 Zip Code

FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POPE, LUCIUS B.	
STREET ADDRESS	1016 W. 12TH . CT.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HALL, KINTON JR.	
STREET ADDRESS	1812 MOUND AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GREEN, WALKER	
STREET ADDRESS	2110 E NORWOOD DR	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AFRAGOLA, MARK	
STREET ADDRESS	1702 CHERRY ST.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MONROE, MICHELLE M.	
STREET ADDRESS	250 NELLE ST	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<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	VPD	<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	VPD	<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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GADDIE, DONALD W	
4.3 STREET ADDRESS	326 BRANDERS AVE	
4.4 CITY-ST-ZIP	PANAMA CITY, FL 32405	
5.1 TITLE	SD	<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)