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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731444 (6)
1. Corporation Name
SERENITY JUNCTION, INCORPORATED OF PANAMA CITY



Principal Place of Business 822 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 05/01/1996
4. FEI Number 59-1701355	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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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 **DONALD GADDIE**
82 Street Address (P.O. Box Number is Not Acceptable) **826 BRANDEIS AVE.**
83 ~~PANAMA CITY~~
84 City **PANAMA CITY FL** 85 Zip Code **32405**

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: **DONALD W GADDIE** *Donald Gaddie* **April 5, 1997**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<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	POPE, LUCIUS B.	
STREET ADDRESS	1016 W 12TH CT	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	AFRAGOLA, MARK	
STREET ADDRESS	1702 CHERRY ST	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GADDIE, DONALD W	
STREET ADDRESS	826 BRANDEIS AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROBERTS, J.D.	
STREET ADDRESS	24 HARRISON AVE	
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	HENRY MILLER	
1.3 STREET ADDRESS	1709 BILLINGS AVE	
1.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUBY WARE	
2.3 STREET ADDRESS	24 HARRISON AVE	
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	JUANITA SECHRIST	
3.3 STREET ADDRESS	1136 WEST ST.	
3.4 CITY-ST-ZIP	PANAMA CITY, FL 32404	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LAURA LEBLANC	
5.3 STREET ADDRESS	6926 PITTSBURGH ST	
5.4 CITY-ST-ZIP	PANAMA CITY, FL 32404	
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 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.

SIGNATURE: *Donald Gaddie* **DONALD GADDIE** **April 5, 1997 (904) 914-8174**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000.10

CR2E037 (9/96)