

FILE NOW: FILING FEE IS \$61.25

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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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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1974	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1701355		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AFRAGOLA, MARK 1702 CHERRY ST. PANAMA CITY FL 32401				81. Name	DONALD GADDIE		
				82. Street Address (P.O. Box Number is Not Acceptable)	826 BRANDEIS AVE.		
				83. City	PANAMA CITY		
				84. City	PANAMA CITY	85. Zip Code	FL 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALL, KINTON JR.		1.2 NAME	HENRY MILLER			
STREET ADDRESS	1812 MOUND AVE		1.3 STREET ADDRESS	1709 BILLINGS AVE			
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POPE, LUCIUS B.		2.2 NAME	RUBY WARE			
STREET ADDRESS	1016 W 12TH CT		2.3 STREET ADDRESS	24 HARRISON AVE			
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AFRAGOLA, MARK		3.2 NAME	JUANITA SECHRIST			
STREET ADDRESS	1702 CHERRY ST		3.3 STREET ADDRESS	1136 WEST ST.			
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP	PANAMA CITY, FL 32404	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	<input type="checkbox"/> DELETE	5.1 TITLE	SD LAURA LEBLANC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERTS, J.D.		5.2 NAME	6926 PITTSBURGH ST			
STREET ADDRESS	24 HARRISON AVE		5.3 STREET ADDRESS	PANAMA CITY, FL 32404			
CITY-ST-ZIP	PANAMA CITY FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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)