

FILE NOW: FILING FEE IS \$61.25

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**Mar 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 59-1701355	Applied For <input type="checkbox"/> Not Applicable

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GADDIE, DONALD
826 BRANDEIS AVE
PANAMA CITY FL 32405**

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	HALL, KINTON JR. 1812 MOUND AVE PANAMA CITY FL	<input checked="" type="checkbox"/> DELETE	
TITLE VPD	POPE, LUCIUS B. 1016 W 12TH CT PANAMA CITY FL	<input type="checkbox"/> DELETE	
TITLE VPD	AFRAGOLA, MARK 1702 CHERRY ST PANAMA CITY FL	<input checked="" type="checkbox"/> DELETE	
TITLE TD	GADDIE, DONALD W 826 BRANDEIS AVE PANAMA CITY FL	<input type="checkbox"/> DELETE	
TITLE SD	ROBERTS, J.D. 24 HARRISON AVE PANAMA CITY FL	<input checked="" type="checkbox"/> DELETE	
TITLE PD	MILLER, HENRY 1709 BILLINGS AVE PANAMA CITY FL	<input checked="" type="checkbox"/> DELETE	
1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	SIDNEY BARNES		
1.3 STREET ADDRESS	5928 STEPHANIE DR		
1.4 CITY-ST-ZIP	PANAMA CITY, FL 32404		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	RUBY WARE		
3.3 STREET ADDRESS	24 HARRISON AV		
3.4 CITY-ST-ZIP	PANAMA CITY FL 32401		
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 type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	CYNTHIA J. WHEELER		
5.3 STREET ADDRESS	3904 VENETIAN CIRCLE		
5.4 CITY-ST-ZIP	PANAMA CITY FL 32405		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 TD** *Donald W Gaddie* **3/7/98** **(850) 914-8174**

CR2E037 (10/97)