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**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90152 041 \*\*\*\*61.25

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 731444**

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



21	2. Principal Place of Business	2a. Mailing Address	26	3. Date Incorporated or Qualified	12/23/1974
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	4. FEI Number	59-1701355
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
			30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GADDIE, DONALD 826 BRANDEIS AVE PANAMA CITY FL 32405				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	1.1 TITLE	SD
NAME	BARNES, SIDNEY	1.2 NAME	KRAKKER, BELINDA
STREET ADDRESS	5928 STEPHANIE DRIVE	1.3 STREET ADDRESS	409 SCHOOL AVE B6
CITY-ST-ZIP	PANAMA CITY FL 32404	1.4 CITY-ST-ZIP	SPRINGFIELD, FL 32401
TITLE	VPD	2.1 TITLE	
NAME	POPE, LUCIUS B.	2.2 NAME	
STREET ADDRESS	1016 W 12TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	
NAME	WARE, RUBY	3.2 NAME	
STREET ADDRESS	24 HARRISON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
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	5.1 TITLE	
NAME	WHEELER, CYNTHIA J.	5.2 NAME	
STREET ADDRESS	3904 VENETIAN CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, with all other like empowered.

SIGNATURE: *Donald W. Gaddie* DONALD W. GADDIE 4/9/99 (850) 785-2157  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 TREAS.

CR2E037 (1/198)