

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731444

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1701355

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GADDIE, DONALD

826 BRANDEIS AVE
PANAMA CITY FL 32405

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BARNES, SIDNEY
STREET ADDRESS 5928 STEPHANIE DRIVE
CITY-ST-ZIP PANAMA CITY FL 32404

☐ Delete

TITLE VPD
NAME POPE, LUCIUS B.
STREET ADDRESS 1016 W 12TH CT
CITY-ST-ZIP PANAMA CITY FL

☐ Delete

TITLE TD
NAME AFRAGOLA, MARK R
STREET ADDRESS 1702 CHERRY ST
CITY-ST-ZIP PANAMA CITY FL 32401

☐ Delete

TITLE VPD
NAME TOBIAS, RICHARD
STREET ADDRESS 2810 W 28TH ST
CITY-ST-ZIP PANAMA CITY FL 32405

☐ Delete

TITLE SD
NAME KRAKKER, BELINDA
STREET ADDRESS 409 SCHOOL AVE B6
CITY-ST-ZIP SPRINGFIELD FL 32401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARK R. AFRAGOLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK R. AFRAGOLA

Apr 18th 2002

Date

850-283-7041

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)