

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90149 024 \*\*\*\*61.25

**DOCUMENT # 731444**

1. Entity Name

**SERENITY JUNCTION, INCORPORATED OF PANAMA CITY**

Principal Place of Business

Mailing Address

922 JENKS AVE.  
 PANAMA CITY FL 32401  
 US

PO BOX 1881  
 PANAMA CITY FL 32402-1881  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1701355**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
NAME	BARNES, SIDNEY	
STREET ADDRESS	5928 STEPHANIE DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	POPE, LUCIUS B.	
STREET ADDRESS	1016 W 12TH CT	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AFRAGOLA, MARK R	
STREET ADDRESS	1702 CHERRY ST	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TOBIAS, RICHARD	
STREET ADDRESS	2810 W 28TH ST	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KRAKKER, BELINDA	
STREET ADDRESS	409 SCHOOL AVE B6	
CITY-ST-ZIP	SPRINGFIELD FL 32401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **REQUIRED** MARK R. AFRAGOLA Apr 18<sup>th</sup> 2002 850-283-7041  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)