


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 731444
1. Entity Name
SERENITY JUNCTION, INCORPORATED OF PANAMA CITY



Principal Place of Business Mailing Address
920 JENKS AVE. **PO BOX 1881**
PANAMA CITY, FL 32401 US **PANAMA CITY, FL 32402-1881 US**

DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1701355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GADDIE, DONALD
826 BRANDEIS AVE
PANAMA CITY, FL 32405

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donald W Gaddie* **DONALD W GADDIE** 1/11/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, EMERY 105 N PALO ALTO AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GADDIE, DONALD 826 BRANDEIS AVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNES, SIDNEY 5928 STEPHANIE DR PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SECHREST, JUANITA 1136 WEST ST PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOTSHALL, KARL 2993 MICHIGAN CT PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000179560
01/13/05-80023-018 70.00

DO NOT WRITE IN THIS SPACE

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: *Sidney L Barnes* **Sidney L Barnes** 01-11-05 874-1574
Signature and typed or printed name of signing officer or director Date Daytime Phone #