



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90090 041 ****61.25

DOCUMENT # 731444					
1. Entity Name SERENITY JUNCTION, INCORPORATED OF PANAMA CITY					
Principal Place of Business 922 IENKS AVE. PANAMA CITY, FL 32401 US			Mailing Address PO BOX 1881 PANAMA CITY, FL 32402-1881 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 01182007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1701355				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <u>Barnes, Sidney</u> Street Address (P.O. Box Number is Not Acceptable) <u>5928 Stephanie Dr.</u> City <u>Panama City</u> FL <u>32404</u>		
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 <u>[Signature]</u>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>01-18-07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD GREEN, EMERY <input checked="" type="checkbox"/> Delete	TITLE	PD Swancey, Burt <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	105 N PALO ALTO AVE	NAME	PO Box 131		
STREET ADDRESS	PANAMA CITY, FL 32401	STREET ADDRESS	Panama City FL 32402		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	VPD GADDIE, DONALD <input checked="" type="checkbox"/> Delete	TITLE	VPD Green, Emery <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	826 BRANDEIS AVE	NAME	105 N. PALO ALTO AVE.		
STREET ADDRESS	PANAMA CITY, FL 32405	STREET ADDRESS	Panama City, FL 32401		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	TD BARNES, SIDNEY <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5928 STEPHANIE DR	NAME			
STREET ADDRESS	PANAMA CITY, FL 32404	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	VPD SECHREST, JUANITA <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1136 WEST ST	NAME			
STREET ADDRESS	PANAMA CITY, FL 32404	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	SD GOTSHALL, KARL <input type="checkbox"/> Delete	TITLE	SD Quintini, Kenneth <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	2993 MICHIGAN CT	NAME	261 Everett Ave. Apt C-3		
STREET ADDRESS	PANAMA CITY, FL 32405	STREET ADDRESS	Panama City, FL 32401		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u>		Date <u>01-18-07</u>		Daytime Phone # <u>850-874-1574</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					