

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007786

**Entity Name:** SERENITY VILLAGE - CENTER FOR SELF-SUFFICIENCY, INC.**Current Principal Place of Business:**3420 S. DALE MABRY HWY  
UNIT S  
TAMPA, FL 33629**Current Mailing Address:**3420 S. DALE MABRY HWY  
UNIT S  
TAMPA, FL 33629 US**FEI Number:** 94-3436601**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARTFIELD, GARY T  
3420 S. DALE MABRY HWY  
UNIT S  
TAMPA, FL 33629 US*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:** GARY T. HARTFIELD

03/15/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	HARTFIELD, GARY T
Address	3420 S. DALE MABRY HWY UNIT S
City-State-Zip:	TAMPA FL 33629
Title	ATTY
Name	HOLLOMAN, CHARLES MESQ
Address	11705 BOYETTE ROAD SUITE #207
City-State-Zip:	RIVERVIEW FL 33569

Title	VP
Name	GODDARD, VALERIE H
Address	2511 W. KNOLLWOOD ST.
City-State-Zip:	TAMPA FL 33614
Title	D
Name	HENDON, ANNE T
Address	6500 ORCHARD DR.
City-State-Zip:	ST. PETERSBURG FL 33702

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY HARTFIELD**OWNER**

03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date