

**2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

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

11/16/2022

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 T HARTFIELD

**CHAIRMAN**

11/16/2022

Electronic Signature of Signing Officer/Director Detail

Date