

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000004477

**FILED  
Apr 29, 2020  
Secretary of State  
4424986590CC**

**Entity Name:** SERENITY COVE RECOVERY RESIDENCE, INC.

**Current Principal Place of Business:**

13843 PLEASANT VALLEY DRIVE  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

13843 PLEASANT VALLEY DRIVE  
JACKSONVILLE, FL 32225 US

**FEI Number: 30-0991216**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FLETCHER, KIMBERLY A  
13843 PLEASANT VALLEY DRIVE  
JACKSONVILLE, FL 32225 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           CHAIRMAN  
Name           FLETCHER, KIMBERLY A  
Address        13843 PLEASANT VALLEY DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

Title           VC  
Name           MCADOO, JOE E  
Address        130 ANITA PLACE  
City-State-Zip: MABLETON GA 30126

Title           SECRETARY  
Name           COOK, JAMIE  
Address        3015 HIDEAWAY HILLS LANE  
City-State-Zip: POWDER SPRINGS GA 30127

*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: KIMBERLY A FLETCHER**

**CHAIRMAN**

**04/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date