FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 30 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714651

1. Corporation Name

Serenity Center, Inc.

600001531876
-07/07/95--01027--012
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2723 Second St. Ft. Myers, FL 33916	POB 2266 Ft. Myers, FL 33902

3. Date Incorporated or Qualified: 5-24-68
3a. Date of Last Report: 1994
4. FEI Number: 591457385 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

Moore, Carolyn L.
2723 Second St.
Ft. Myers, FL 33916

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	President	11 TITLE	☐ Change ☐ Addition
NAME	Bean, William E.	12 NAME	
STREET ADDRESS	13141 McGregor Blvd.	13 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33919	14 CITY-ST-ZIP	
TITLE D	Vice-President	21 TITLE	☐ Change ☐ Addition
NAME	Hartner, Judith, M.D.	22 NAME	
STREET ADDRESS	3920 Michigan Ave.	23 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33916	24 CITY-ST-ZIP	
TITLE D	Secretary	31 TITLE	☐ Change ☐ Addition
NAME	Cabal, Joan E.	32 NAME	
STREET ADDRESS	1475 N. Larkwood Sq.	33 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33919	34 CITY-ST-ZIP	
TITLE D	Treasurer	41 TITLE	☐ Change ☐ Addition
NAME	Southwick, Don	42 NAME	
STREET ADDRESS	5597 Trellis Lane	43 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33919	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	6/30/95 MB
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan E. Cabal Sec'y 5/12/95 (813)334-7059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #