FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

731444

(6)

SERENITY JUNCTION, INCORPORATED OF PANAMA CITY

						}
Principal Plac	e of Business	Mailing Address			(100 (11 100 (110) (10) 010) 010 (10) 010 (10)	11: 4:4: 1 4:4: 4:4: 4:4: 4:4: 104:
922 JENKS AVE. PANAMA CITY FL 32401		PO BOX 1881 PANAMA CITY FL 32402-1881		3. Date Incorporated or Qualified		
US	16 95701	US	•		12/23/1974	
					4. FEI Number	Applied For
	. 	· · · · · · · · · · · · · · · · · · ·			59-1701355	Not Applicable
2. Principal P	face of Business	2a. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional Fee Required
		Suite, Apt. #, etc.	·		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees	
City & State		City & State	City & State		7. Is this nonprofit corporation a homeowner	s association?
23		28		☐ Yes 🔀 No		
Zip	Country	Zip	Country		8. This corporation owes or has paid the cur	rent year Intangible
24	25	29	30			Yes 🔀 No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered /	Agent
			61	Name		
	, do nald		82	Street /	Address (P.O. Box Number is Not Acceptable)	
	NDEIS AVE NOTY FL 32405		83			·
I. CALACATA	NOTITE 32403		84	City		85 Zip Code
			"	Ony	FL	85 Zip Code
office or r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au gations of, Section 617.0503, Flor	ithorized by ida Statutes	the corp	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the app	changing its registered ointment as registered
	Signature, typed or printed name of registered a			nt signature	required when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD	DELETE	1.1 TITLE		PD SPRING	Change Addition
NAME	HALL, KINTON JR.		1.2 NAME		SIDNEY BARNES 5928 STEPHANIE DR	
STREET ADDRESS	1812 MOUND AVE		1.3 STREET		0128 STEPHANIE DR	
CITY-ST-ZIP	PANAMA CITY FL	T or or	1.4 CITY - S	T-ZIP	PANAMA CITY, FL 32	4-04-
TITLE	VPD	☐ DELETE	2.1 TITLE	l		☐ Change ☐ Addition
NAME	POPE, LUCIUS B.		2.2 NAME			
STREET ADDRESS	1016 W 12TH CT		2.3 STREET			
CITY - ST - ZIP	PANAMA CITY FL			T-ZIP	-40 D	Dhanes Maddison
TITLE	VPD	DELETE	3.1 TITLE		VPD	Change Addition
NAME	AFRAGOLA, MARK		3.2 NAME		RUBY WARE 24 HARRISON AV	
STREET ADDRESS	1702 CHERRY ST		3.3 STREET		PANAMA CITY FL 3:	2401
CITY-ST-ZIP	PANAMA CITY FL	T pri pre	3.4. CITY - S	T-ZIP	PANAMA CITY FL 3:	
TITLE	TD	☐ DELETE	4.1 TITLE	ŀ		☐ Change ☐ Addition
NAME	GADDIE, DONALD W		4. 2 NAME	ŀ		
STREET ADDRESS	826 BRANDEIS AVE		4.3 STAEET			
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY - ST			T 101
TITLE	SD	DELETÉ	5.1 TITLE		<i>5</i> D	☐ Change
NAME	ROBERTS, J.D.		5.2 NAME		CYNTHIA J. WHEELER	₹ .
STREET ADDRESS	24 HARRISON AVE		5.3 STREET		3904 VENETIAN CIRC	LE
CITY-ST-ZIP	PANAMA CITY FL		5.4 CITY - ST	-ZIP	PANAMA CITY FL 324	.05
TITLE	PD	DELETE	6.1 TITLE	ļ		Change Addition
NAME	MILLER, HENRY		6.2 NAME			
STREET ADDRESS	1709 BILLINGS AVE		6.3 STREET	ADDRESS		
CITY-ST-ZIP	Panama City Fl		6.4 CITY-S1	r- ZIP		

I hereby certify that the information supplied with this filing 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.