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**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90152 041 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 731444**

1. Corporation Name

**SERENITY JUNCTION, INCORPORATED OF PANAMA CITY**

Principal Place of Business

922 JENKS AVE.  
PANAMA CITY FL 32401  
US

Mailing Address

PO BOX 1881  
PANAMA CITY FL 32402-1881  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/23/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1701355

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GADDIE, DONALD**  
**826 BRANDEIS AVE**  
**PANAMA CITY FL 32405**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **BARNES, SIDNEY**  
STREET ADDRESS **5928 STEPHANIE DRIVE**  
CITY-ST-ZIP **PANAMA CITY FL 32404**

1.1 TITLE **SD** ☐ Change ☒ Addition  
1.2 NAME **KRAKKER, BELINDA**  
1.3 STREET ADDRESS **409 SCHOOL AVE B6**  
1.4 CITY-ST-ZIP **SPRINGFIELD, FL 32401**

TITLE **VPD** ☐ DELETE  
NAME **POPE, LUCIUS B.**  
STREET ADDRESS **1016 W 12TH CT**  
CITY-ST-ZIP **PANAMA CITY FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE  
NAME **WARE, RUBY**  
STREET ADDRESS **24 HARRISON AVENUE**  
CITY-ST-ZIP **PANAMA CITY FL 32401**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **GADDIE, DONALD W**  
STREET ADDRESS **826 BRANDEIS AVE**  
CITY-ST-ZIP **PANAMA CITY FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE  
NAME **WHEELER, CYNTHIA J.**  
STREET ADDRESS **3904 VENETIAN CIRCLE**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE: **Donald W. Gaddie** **DO NOT SIGN HERE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/99** **(850) 785-2157**  
Date Daytime Phone #

CR2E037 (1/98)