

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 744237 (9)

1. Corporation Name

SERENITY HOUSE OF VOLUSIA, INC.

Principal Place of Business

Mailing Address

547 HIGH STREET
DAYTONA BEACH FL 32114
US

P.O. BOX 2106
DAYTONA BEACH FL 32115
US

2. Principal Place of Business

2a. Mailing Address

21 308 S. MARTIN LUTHER KING BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 DAYTONA BEACH, FL

28 City & State

Zip Country

29 Zip Country

24 32114

25 USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/12/1978

4. FEI Number

59-1849438

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners' association?



8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.



HOFFMAN, THOMAS
1115 JACARANDA AVENUE
DAYTONA BEACH FL 32118

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

TITLE	TD	☒ DELETE
NAME	PENNY, JERRY	
STREET ADDRESS	1875 OLD TOMOKA ROAD	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	C	☒ DELETE
NAME	HOFFMAN, STEVE	
STREET ADDRESS	148 PALMETTO AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	☐ DELETE
NAME	HOFFMAN, THOMAS	
STREET ADDRESS	1115 JACARANDA AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	CD	☒ DELETE
NAME	HAMER, JANET	
STREET ADDRESS	520 OCEAN DUNES ROAD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D/S ☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D/C ☐ Change ☒ Addition
5.2 NAME	JERRY THOMPSON
5.3 STREET ADDRESS	500 WALKER STREET
5.4 CITY-ST-ZIP	HOLLY HILL, FL
6.1 TITLE	D/T ☐ Change ☒ Addition
6.2 NAME	JERRY DOLINER
6.3 STREET ADDRESS	2920 NORTH PENINSULA DR.
6.4 CITY-ST-ZIP	DAYTONA BEACH, FL

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Randall R. Croy RANDALL R. CROY EXECUTIVE DIRECTOR 7/21/98 904-252-4228

FILED
Sep 17 1998 8:00am
Secretary of State



CR2E037 (5/98)