

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007190

FILED
Apr 28, 2005
Secretary of State

Entity Name: SERENITY CHRISTIAN FELLOWSHIP INC.

Current Principal Place of Business:

1781 ART MUSEUM DR
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3249 ABBEY FIELD LN
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 80-0033989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRITTON, ANTHONY
3249 ABBEY FIELD LN.
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRITTON, ANTHONY D
Address: 3249 ABBEY FIELD LN.
City-St-Zip: JACKSONVILLE, FL 32277

Title: VPET () Delete
Name: BRITTON, CAROL D
Address: 3249 ABBEY FIELD LN.
City-St-Zip: JACKSONVILLE, FL 32277

Title: T () Delete
Name: BRITTON, MILO
Address: 6137 ROUNDLAKE DR.
City-St-Zip: JACKSONVILLE, FL 32277

Title: T () Delete
Name: JONES, BRUCE
Address: 1445 BLUE EAGLE WAY SW
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JONES, BRUCE
Address: 11285 ILLFORD DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRUCE L. JONES

MR

04/28/2005

Electronic Signature of Signing Officer or Director

Date