


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90007 043 ****61.25

DOCUMENT # N03000006007 1. Entity Name SERENITY COMMUNITY OUTREACH SERVICES, INC.					
Principal Place of Business 18 SE MALEVER COURT OCALA, FL 34474				Mailing Address 18 SE MALEVER COURT OCALA, FL 34474	
2. Principal Place of Business 108 N Magnolia Suite, Apt. #, etc. #207		3. Mailing Address PO Box 794 Suite, Apt. #, etc.			
City & State Ocala FL		City & State Ocala FL			
Zip 34475		Country Marion		Zip 34478	
Country Marion		4. FEI Number 20-0093942			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Renee Stoffel Street Address (P.O. Box Number is Not Acceptable) 810 N New Hampshire Ave City Tavares FL Zip Code 32778		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Renee Stoffel</i></u> Renee Stoffel 7/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBRITTON, TINA 18 SE MALEVER COURT OCALA, FL 34474	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	108 N Magnolia Ave Suite 207 Ocala FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALBRITTON, NICHOLE D 18 SE MALEVER COURT OCALA, FL 34474	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	108 N Magnolia Ave Suite 207 Ocala FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALBRITTON, AALIYAH 18 SE MALEVER COURT OCALA, FL 34474	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	108 N Magnolia Ave Suite 207 Ocala FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALBRITTON, CHRISTOPHER D 18 SE MALEVER COURT OCALA, FL 34474	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	108 N Magnolia Ave Suite 207 Ocala FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.					
SIGNATURE <u><i>Tina Albritton</i></u> Tina Albritton 7/15/04 352-732-9711 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					