2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006007

FILED Apr 29, 2005 Secretary of State

Entity Name: SERENITY COMMUNITY OUTREACH SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

108 N. MAGNOLIA #207 P O BOX 794 OCALA, FL 34475 P OCALA, FL 34478

Current Mailing Address: New Mailing Address:

PO BOX 794 P O BOX 1114 OCALA, FL 34478 TAVARES, FL 32778

FEI Number: 20-0093942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STOFFEL, RENEE 810 N. NEW HAMPSHIRE AVE TAVARES, FL 32778 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 ALBRITTON, TINA
 Name:
 ALBRITTON, TINA

 Address:
 108 N. MAGNOLIA AVE -SUITE 207
 Address:
 7575 WEST HWY 326

City-St-Zip: OCALA, FL 34475 City-St-Zip: OCALA, FL 34482

Title: VD () Delete Title: VD (X) Change () Addition Name: ALBRITTON, NICHOLE D Name: ALBRITTON, DAVID D

Address: 108 N. MAGNOLIA AVE - SUITE 207 Address: 7575 WEST HWY 326
City-St-Zip: OCALA, FL 34475 City-St-Zip: OCALA, FL 34482

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 ALBRITTON, AALIYAH
 Name:
 ALBRITTON, TÍNA

 Address:
 108 N. MAGNOLIA AVE - SUITE 207
 Address:
 7575 WEST HWY 326

 City-St-Zip:
 OCALA, FL 34475
 City-St-Zip:
 OCALA, FL 34482

Title: TD () Delete Title: TD (X) Change () Addition Name: ALBRITTON, CHRISTOPHER D Name: ALBRITTON, CHRISTOPHER D

 Address:
 108 N. MAGNOLIA AVE - SUITE 207
 Address:
 P O BOX 794

 City-St-Zip:
 OCALA, FL 34475
 City-St-Zip:
 OCALA, FL 34478

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: TINA ALBRITTON PR 04/29/2005