


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90160 035 ****70.00

DOCUMENT # N04000001895

1. Entity Name
THE SERENITY HOUSE, INC.



Principal Place of Business
**3800 SWEETBRIER DR.
 ORANGE PARK, FL 32073**

Mailing Address
**3800 SWEETBRIER DR.
 ORANGE PARK, FL 32073**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03242005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
84-1639501

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SAMUELS, DIANA V
 3800 SWEETBRIER DR.
 ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	SAMUELS, DIANA V	
STREET ADDRESS	3800 SWEETBRIER DR.	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAMUELS, KENDALL M	
STREET ADDRESS	3800 SWEETBRIER DR.	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOPE, MARI	
STREET ADDRESS	3854 BRISTOL BAY CT.	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLMAN, ERLENE	
STREET ADDRESS	401 SOUTH GROVE	
CITY-ST-ZIP	OAK PARK, IL 60302	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *Diana Samuels* **4-21-05** **(904) 908-4591**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #