


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001895 1. Entity Name THE SERENITY HOUSE, INC.	
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Principal Place of Business 3800 SWEETBRIER DR. ORANGE PARK, FL 32073	Mailing Address 3800 SWEETBRIER DR. ORANGE PARK, FL 32073
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04222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1639501	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> 71	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when relistings) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SAMUELS, DIANA V 3800 SWEETBRIER DR. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SAMUELS, KENDALL M 3800 SWEETBRIER DR. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOPE, MARI 3854 BRISTOL BAY CT. JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOLMAN, ERLENE 401 SOUTH GROVE OAK PARK, IL 60302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000533767
 05/06/06-80136-006 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* Date: 4-21-06 (904) 908-4459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #