

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006529

FILED
Mar 27, 2009
Secretary of State

Entity Name: THE WAY OF SERENITY, INC.

Current Principal Place of Business:

312 N. QUINCY STREET
PERRY, FL 32347

New Principal Place of Business:

1824 N. JEFFERSON STREET
PERRY, FL 32347

Current Mailing Address:

312 N. QUINCY STREET
PERRY, FL 32347

New Mailing Address:

4880 PUCKETT ROAD
PERRY, FL 32348

FEI Number: 20-2814889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRAY-STRICKLAND, ROBIN
312 N. QUINCY STREET
PERRY, FL 32347 US

Name and Address of New Registered Agent:

GRAY, ROBIN
4880 PUCKETT ROAD
PERRY, FL 32348 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: ROBIN GRAY

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STRICKLAND, ALBERT C
Address: 312 N. QUINCY STREET
City-St-Zip: PERRY, FL 32347

Title: D () Delete
Name: FREEMAN, LORI G
Address: 2429 ROY FREEMAN ROAD
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: GRAY-STRICKLAND, ROBIN
Address: 312 N. QUINCY STREET
City-St-Zip: PERRY, FL 32347

Title: D () Delete
Name: SMITH, ORLANDO
Address: 402 W. MAIN STREET
City-St-Zip: PERRY, FL 32347

Title: D () Delete
Name: DANIELS, WILLIAM F
Address: 103 MARSHALL DRIVE
City-St-Zip: PERRY, FL 32347

Title: D () Delete
Name: DANIELS, PATRICIA
Address: 103 MARSHALL DRIVE
City-St-Zip: PERRY, FL 32347

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRAY, ROBIN
Address: 4880 PUCKETT ROAD
City-St-Zip: PERRY, FL 32348

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

Title: D (X) Change () Addition
Name: PARKS, BILLIE
Address: 1226 S. FAIR ROAD
City-St-Zip: PERRY, FL 32347

Title: D (X) Change () Addition
Name: SMITH, ORLANDO
Address: 1566 GRUBBS ROAD
City-St-Zip: PERRY, FL 32347

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBIN GRAY

D

03/27/2009

Electronic Signature of Signing Officer or Director

Date