2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

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Entity Name: SERENITY MISSION, INC

Current Principal Place of Business:

7909 GRASMERE DRIVE
LAND O LAKES, FL 34637

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 502
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 26-2735831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANTONEK, TOM PH.D.
7909 GRASMERE DRIVE
LAND O LAKES, FL 34637 US

Name and Address of New Registered Agent:

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:

Title: P
Name: ANTONEK, TOM PH.D.
Address: 7909 GRASMERE DRIVE
City-St-Zip: LAND O LAKES, FL 34637

Title: VP
Name: SMITH, SCOTT T JD, MA
Address: 7909 GRASMERE DRIVE
City-St-Zip: LAND O LAKES, FL 34637

Title: D
Name: PARKER, KRISTIN MA
Address: 7909 GRASMERE DRIVE
City-St-Zip: LAND O LAKES, FL 34637

Title: D
Name: BRADY,, KELLY LMHC,AP
Address: 7909 GRASMERE DRIVE
City-St-Zip: LAND O LAKES, FL 34637

Title: D
Name: SMITH, JANICE MA, CAP
Address: 7909 GRASMERE DRIVE
City-St-Zip: LAND O LAKES, FL 34637

Title: D
Name: BENSON, ANDRE W M.D.
Address: 7909 GRASMERE DRIVE
City-St-Zip: LAND O LAKES, FL 34637

I hereby 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 all other like empowered.

SIGNATURE: TOM C. ANTONEK, PH.D. PRES 04/27/2010

Electronic Signature of Signing Officer or Director — Date