

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N38014** (9)
1. Corporation Name
SERENITY HOUSE PEDIATRIC AIDS FOUNDATION, INC.



Principal Place of Business Mailing Address
% CHARLENE A. WHITE
5205 EDGEWATER DR
ORLANDO FL 32810
US
% CHARLENE A. WHITE
POST OFFICE BOX 680338
ORLANDO FL 32868-7338

2. Principal Place of Business 2a. Mailing Address
21 **2500 CURRY FORD ROAD** 26 **2500 CURRY FORD ROAD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **ORLANDO FL** 28 **ORLANDO FL**
Zip Country Zip Country
24 **32806** 25 **USA** 29 **32806** 30 **USA**

3. Date Incorporated or Qualified **04/26/1990** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-3007039** Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WHITE, CHARLENE A.
2460 FALMOUTH RD
MATILAND FL 32751

10. Name and Address of New Registered Agent

81 Name **LINDA LISI-TENEN**
82 Street Address (P.O. Box Number is Not Acceptable) **1156 MILL ST.**
83 **(P.O. BOX 446)**
84 City **GOTHA** FL 85 Zip Code **34734**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Linda Lisi-Tenen*
Signature, typed or printed name of registered agent and title if applicable.

LINDA LISI-TENEN, EXECUTIVE DIRECTOR / PRESIDENT 1/30/96
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PC | <input checked="" type="checkbox"/> DELETE |
| NAME | WHITE, CHARLENE A. | |
| STREET ADDRESS | 2460 FALMOUTH RD | |
| CITY-ST-ZIP | MATILAND FL | |
| TITLE | TR | <input checked="" type="checkbox"/> DELETE |
| NAME | WHITE, JAMES I. | |
| STREET ADDRESS | 2911 N. GREENFIELD AVE. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | BENTZEL, DONALD | |
| STREET ADDRESS | 2791 WAGONWHEEL CIRCLE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | DRAHEIM, DEBORAH | |
| STREET ADDRESS | 604 GALLEGO AVE | |
| CITY-ST-ZIP | OCFEE FL | |
| TITLE | TR | <input type="checkbox"/> DELETE |
| NAME | DRAHEIM, GARY | |
| STREET ADDRESS | 604 GALLEGO AVE | |
| CITY-ST-ZIP | OCFEE FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | TENEN, LEON | |
| STREET ADDRESS | 1156 MILL ST | |
| CITY-ST-ZIP | GOTHA FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|---|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | LISI-TENEN, LINDA | |
| 1.3 STREET ADDRESS | 1156 MILL ST (P.O. BOX 446) | |
| 1.4 CITY-ST-ZIP | GOTHA, FL 34734 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Lisi-Tenen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96
Date

407 844 2437
Daytime Phone #

CR2E037 (12/95)