

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

Amended page 1 of 2

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

N38014

Serenity House Pediatric AIDS Foundation, Inc.

Principal Place of Business

Mailing Address

2500 Curry Ford Road, Orlando, FL 32806

96 DEC 31 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/90		3a. Date of Last Report 02/05/96	
21		26		4. FEI Number 59-3007039		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24		29		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

Linda Lisi-Tenen
1156 Mill Street
Gotha, FL 34734

10. Name and Address of New Registered Agent

81 Name Linda Lisi-Tenen
82 Street Address (P.O. Box Number is Not Acceptable)
10218 Arbor Ridge Trail
83
84 City Orlando FL 85 Zip Code 32817

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, Executive Director Linda Lisi-Tenen DATE 10 OCT 96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	Linda Lisi-Tenen <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	Kathleen Sincage <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1156 Mill St.	1.2 NAME	1059 S. Hiawassee, #1814
STREET ADDRESS	Gotha, FL 34734	1.3 STREET ADDRESS	Orlando, FL 32835
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE V	Donald R. Bentzel <input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	Bonnie Chauncey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2791 Wagon Wheel Circle	2.2 NAME	2741 Rolling Brook Dr.
STREET ADDRESS	Orlando, FL 32822	2.3 STREET ADDRESS	Orlando, FL 32837
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE S	Deborah Draheim <input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	Yolanda Williams <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	604 Gallego Ave.	3.2 NAME	470 Longwood Hills Rd.
STREET ADDRESS	Ocoee, FL 34761	3.3 STREET ADDRESS	Longwood, FL 32750
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE T	Leon Tenen <input checked="" type="checkbox"/> DELETE	4.1 TITLE T	Tracey Polite <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1156 Mill St.	4.2 NAME	4657 Cason Cove Dr., Apt 2914
STREET ADDRESS	Gotha, FL 34734	4.3 STREET ADDRESS	Orlando, FL 32811
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: Kathleen Sincage, President Kathleen Sincage 10 OCT 96 894-2437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)

Serenity House
Pediatric AIDS Foundation

2500 Curry Ford Road
Orlando, Florida 32806

Phone: (407) 894-2437

FAX: (407) 894-1167

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ADDITIONAL BOARD MEMBERS

Member: Bud Englert
10113 Marquire Dr.
Orlando, FL 32825

Bill Chauncey
2741 Rolling Broak Dr.
Orlando, FL 32837

Board of Directors...

President:
Kathleen Sincage

Vice President:
Bonnie Chauncey

Secretary:
Yolanda Williams

Treasurer:
Tracey Polite

Members:
Bill Chauncey
Bud Englert

ALL INFANTS DESERVE SOMEONE