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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38014** (9)  
1. Corporation Name  
**SERENITY HOUSE PEDIATRIC AIDS FOUNDATION, INC.**



Principal Place of Business <b>2500 CURRY FORD ROAD 5205 EDGEWATER DR ORLANDO FL 32806 US</b>	Mailing Address <b>2500 CURRY FORD ROAD POST OFFICE BOX 680338 ORLANDO FL 32806-2506 US</b>
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3. Date Incorporated or Qualified <b>04/26/1990</b>	3a. Date of Last Report <b>02/05/1996</b>
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2. Principal Place of Business 21 <b>2500 CURRY FORD ROAD</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2500 CURRY FORD ROAD</b> Suite, Apt. #, etc.	4. FEI Number <b>59-3007039</b> Applied For Not Applicable
22 City & State 23 <b>ORLANDO, FL</b>	27 City & State 28 <b>ORLANDO FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <b>32806</b> 25 Country <b>USA</b>	29 Zip <b>32806-2506</b> 30 Country <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent <b>LISI-TENEN, LINDA 1156 MILL ST. P.O. BOX 448 GOTHA FL 34734</b>		10. Name and Address of New Registered Agent 81 Name <b>AUGUST ENGLERT</b> 82 Street Address (P.O. Box Number Is Not Acceptable) <b>10113 MARQUIRE DR.</b> 83 84 City <b>ORLANDO</b> FL 85 Zip Code <b>32825</b>

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 **AUGUST ENGLERT, PRESIDENT** *August H. Englert* **5/1/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD LISI-TENE, LINCA 1156 MILL ST (P.O. BOX 448 GOTHA FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>PIT AUGUST ENGLERT 10113 MARQUIRE DR. ORLANDO, FL 32825</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V BENTZEL, DONALD 2791 WAGONWHEEL CIRCLE ORLANDO FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>VIT MARIE A. REYES 2894 DONALDSON DR. ORLANDO FL 32812</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST DRAHEIM, DEBORAH 604 GALLEGO AVE OCOEEE FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>SPT ANN HARR 3611 ELOISE ST. ORLANDO FL 32806</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TR DRAHEIM, GARY 604 GALLEGO AVE OCOEEE FL 34761</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>TIT BRYNN A. BARNETT 2309 ECON CIRCLE #1548 ORLANDO FL 32817</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T TENEN, LEON 1156 MILL ST GOTHA FL</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>TRIT LAURIE A. CAMERON 840 BLACKHAWK BLVD #206 APOPKA FL 32703</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **AUGUST ENGLERT** *August H. Englert* **5/1/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0016737**

CR2E037 (9/96)