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FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 2500 CURRY FORD RD ORLANDO FL 32806 US	Mailing Address 2500 CURRY FORD ROAD ORLANDO FL 32806 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/26/1990	
4. FEI Number 59-3007039	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
ENGLELT, AUGUST 10113 MARQUIRE DR. ORLANDO FL 32825	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PT <input type="checkbox"/> DELETE
NAME	ENGLERT, AUGUST
STREET ADDRESS	10113 MARQUIRE DR
CITY-ST-ZIP	ORLANDO FL
TITLE	VT <input checked="" type="checkbox"/> DELETE
NAME	REYES, MARIE A
STREET ADDRESS	2984 DONALDSON DR
CITY-ST-ZIP	ORLANDO FL
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	HARR, ANN
STREET ADDRESS	3611 ELOISE ST
CITY-ST-ZIP	ORLANDO FL
TITLE	TT <input checked="" type="checkbox"/> DELETE
NAME	BARNETT, BRYNN A
STREET ADDRESS	2309 ECON CIR., #348
CITY-ST-ZIP	ORLANDO FL
TITLE	TRT <input checked="" type="checkbox"/> DELETE
NAME	CAMERON, LAURIE A
STREET ADDRESS	840 BLACKLAND TERRACE, #206
CITY-ST-ZIP	APOPKA FL
TITLE	M <input checked="" type="checkbox"/> DELETE
NAME	CHAUNCEY, BILL
STREET ADDRESS	2741 ROLLING BROAK DRIVE
CITY-ST-ZIP	ORLANDO FL 32837

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DPE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLAUDE, VINCE
1.3 STREET ADDRESS	5337 OLD OAK TREE DRIVE
1.4 CITY-ST-ZIP	ORLANDO, FL 32808
2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	O'BRIEN, TIM
2.3 STREET ADDRESS	1023 CALIFORNIA CREEK DR.
2.4 CITY-ST-ZIP	OVIEDO, FL 32765
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHERWOOD, BOB
3.3 STREET ADDRESS	141 E. COPELAND DRIVE
3.4 CITY-ST-ZIP	ORLANDO, FL 32806
4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RUETER, STEVE
4.3 STREET ADDRESS	162 SPRING CHASE CIRCLE
4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32812
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	REYNOLDS, SUYREA
5.3 STREET ADDRESS	21153 REINDEER ROAD
5.4 CITY-ST-ZIP	CHRISTMAS, FL 32709
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 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 of this report, or on an attachment with an address.

SIGNATURE: CAROLINE GERTZ-Executive Director

02-09-98 (407) 894-2233

CP2EC037 (10/97)