

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90022 025 ****61.25

DOCUMENT # N38014

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/26/1990

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

9. Name and Address of Current Registered Agent

**ENGLEILT, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DPE
NAME CLAUDE, VINCE
STREET ADDRESS 5337 OLD OAK TREE DRIVE
CITY-ST-ZIP ORLANDO FL 32808

TITLE PD
NAME O'BRIEN, TIM
STREET ADDRESS 1023 CALIFORNIA CR DR
CITY-ST-ZIP OVIEDO FL 32765

TITLE D
NAME SHERWOOD, BOB
STREET ADDRESS 141 E COPELAND DR
CITY-ST-ZIP ORLANDO FL 32806

TITLE TD
NAME RUETER, STEVE
STREET ADDRESS 162 SPRING CHASE CIR
CITY-ST-ZIP ALTAMONTE SPRINGS FL 3281

TITLE D
NAME REYNOLDS, SUYREA
STREET ADDRESS 21153 REINDEER RD
CITY-ST-ZIP CHRISTMAS FL 32709

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ 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 D ☒ Change ☐ Addition
2.2 NAME O'BRIEN, TIM
2.3 STREET ADDRESS 1023 California Creek Drive
2.4 CITY-ST-ZIP Oviedo, FL 32765

3.1 TITLE SD ☒ Change ☐ 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 PD ☒ Change ☐ Addition
4.2 NAME RUETER, STEVE
4.3 STREET ADDRESS 162 Spring Chase Circle
4.4 CITY-ST-ZIP Altamonte Springs, FL 32714

5.1 TITLE TD ☒ Change ☐ Addition
5.2 NAME REYNOLDS, SUYREA
5.3 STREET ADDRESS 21153 Reindeer Road
5.4 CITY-ST-ZIP Christmas, FL 32709

6.1 TITLE DPE ☐ Change ☒ Addition
6.2 NAME PRINZ, DEBBIE
6.3 STREET ADDRESS 601 E. Rollins Street
6.4 CITY-ST-ZIP Orlando, FL 32803

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROLINE CERTZ-Executive Director

04-01-99 (407) 894-2233

Date Daytime Phone #
04-01-99 (407) 894-2233

0017205

CR25037 (11/98)