

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N38014

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: SERENITY HOUSE PEDIATRIC AIDS FOUNDATION, INC.

Current Principal Place of Business:

701 EAST SOUTH ST
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

701 EAST SOUTH ST
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-3007039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ENGLEILT, AUGUST
10113 MARQUIRE DR.
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

MURRAY, DIANA B
1731 SANTA MARIA PLACE
ORLANDO, FL 32806 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MURRAY, DIANA B

04/26/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLAUDE, VINCE
Address: 5337 OLD OAK TREE DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: SD () Delete
Name: SHERWOOD, BOB
Address: 141 E COPELAND DR
City-St-Zip: ORLANDO, FL 32806

Title: TD () Delete
Name: MURRAY, DIANA B
Address: 1731 SANATA MARIA PLACE
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: SMITH, DONNA
Address: 701 EAST SOUTH ST
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: CLAUDE, VINCE
Address: 5337 OLD OAK TREE DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MURRAY, DIANA B
Address: 1731 SANTA MARIA PLACE
City-St-Zip: ORLANDO, FL 32806

Title: D (X) Change () Addition
Name: ROMAN-NAY TORRES, GILDA
Address: 701 EAST SOUTH ST
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MURRAY DIANA B

PD

04/26/2002

Electronic Signature of Signing Officer or Director

Date