

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 18, 2005  
Secretary of State**

DOCUMENT# N38704

Entity Name: SERENITY CLUB OF CITRUS COUNTY, INC.

**Current Principal Place of Business:**

P.O. BOX 2134  
CRYSTAL RIVER, FL 34423

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2134  
CRYSTAL RIVER, FL 34423

**New Mailing Address:**

FEI Number: 59-2959561      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KNUDSEN, JEFFREY  
P. O. BOX 1418 DUMB BUNNY LANE  
HOMOSASSA SPGS., FL 34447      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: KNUDSEN, JEFFREY S  
Address: PO BOX 1418  
City-St-Zip: HOMOSASSA SPRINGS, FL 34447

Title: D      ( ) Delete  
Name: SQUIRES, SUSAN E  
Address: BOX 4616 W YULEE RD  
City-St-Zip: HOMOSASSA, FL 34447

Title: TD      ( ) Delete  
Name: KNUDSEN, JEFFREY S.  
Address: P. O. BOX 1418 DUMB BUNNY LANE  
City-St-Zip: HOMOSASSA SPGS., FL

Title: D      ( ) Delete  
Name: ANDREWS, BARBARA  
Address: 1019 CANDLENUT DRIVE  
City-St-Zip: HOMOSASSA, FL 34448

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: JEFFREY S. KNUDSEN

D

01/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date