

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 15, 2007  
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:**

3230 S. MICHIGAN BLVD  
HOMOSASSA, FL 34448

**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:**

KNUDSEN, JEFFREY  
3230 S. MICHIGAN BLVD  
HOMOSASSA, FL 34448      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: \_\_\_\_\_ Date: 02/15/2007  
Electronic Signature of Registered Agent

**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: ANDREWS, BARBARA  
Address: 1019 CANDLENUT DR  
City-St-Zip: HOMOSASSA, FL 34448

Title: TD      ( ) Delete  
Name: KNUDSEN, JEFFREY S.  
Address: P. O. BOX 1418  
City-St-Zip: HOMOSASSA SPGS., FL 34447

Title: D      ( ) Delete  
Name: ANTHONY, STAAB  
Address: 5865 S. PINETREE PT  
City-St-Zip: LECANTO, FL 34461

Title: D      ( ) Delete  
Name: HIGGINS, SANDY  
Address: 6964 W. GRANT ST  
City-St-Zip: HOMOSASSA, FL 34448

Title: D      ( ) Delete  
Name: KIRCH, JAMES  
Address: 5359 S. MARSHA TERR.  
City-St-Zip: HOMOSASSA, FL 34446

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

Title: D      (X) Change ( ) Addition  
Name: KNUDSEN, JEFFREY S  
Address: 3230 S. MICHIGAN BLVD  
City-St-Zip: HOMOSASSA, FL 34448

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:

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 Chapter 119, 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 KNUDSEN      D      Date: 02/15/2007  
Electronic Signature of Signing Officer or Director