

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38704

FILED
Jan 20, 2009
Secretary of State

Entity Name: SERENITY CLUB OF CITRUS COUNTY, INC.

Current Principal Place of Business:

3230 S. MICHIGAN BLVD
HOMOSASSA, FL 34448

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
3230 S. MICHIGAN BLVD
HOMOSASSA, FL 34448 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: 3230 S. MICHIGAN BLVD
City-St-Zip: HOMOSASSA, FL 34448

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: () 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
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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 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 S. KNUDSEN

D

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date