


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000004189		
1. Entity Name SERENITY HOUSE OF BAY COUNTY, INC.		

Principal Place of Business 1211 E 25TH ST PANAMA CITY FL 32405	Mailing Address P.O. BOX 35771 PANAMA CITY FL 32412
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ESTES, ROBIN 1211 E 25TH STREET PANAMA CITY FL 32404

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
D FANIEHF, FORREST 2511 EAST 25TH STREET PANAMA CITY FL 32405	
D HODSON, CHARLES 2511 EAST 25TH STREET PANAMA CITY FL 32405	
D ESTES, ROBIN 1211 E 25TH ST PANAMA CITY FL 32405	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
000000220377 02/08/05-80067-017 70.00	
<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Change <input type="checkbox"/> Add	

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robin Estes 2-6-05 850-265-9171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #