## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000002237

FILED Aug 28, 2005 Secretary of State

Entity Name: THE SERENITY CLUB OF NAPLES, INC.

- unicine i	rincipal Place of Business:	New Prince	cipal Place of Business:	
	LLIER BLVD			
107 NAPLES,	FL 34116			
Current Mailing Address:		New Maili	New Mailing Address:	
107	LLIER BLVD			
NAPLES,	FL 34116			
n accordan	: 65-0669435			
	NN, JERRY D			
12435 CO	LIER BLVD			
107 NAPLES,	FL 34116 US			
	named entity submits this statement for the purpe of Florida.	ose of changing i	its registered office or registered agent, or both	
SIGNATU	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICER	S AND DIRECTORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Nddress: Dity-St-Zip:	VPD () Delete GARZA, JESUS 9845 CITADEL LN #202 BONITA SPRINGS, FL 34135	Title: Name: Address: City-St-Zip:	() Change () Addition	
ītle: Jame: Address: Dity-St-Zip:	DE ( ) Delete EDDLEMAN, NEIL 5625 CEDAR TREE LANE NAPLES, FL 34116	Title: Name: Address: City-St-Zip:	() Change () Addition	
lame: Address: City-St-Zip: Title: Jame: Address:	EDDLEMAN, NEIL 5625 CEDAR TREE LANE	Name: Address:	SD (X) Change ( ) Addition TUFF, RUSSELL 2642 44TH TERRACE SW	
lame: ddress: bity-St-Zip: lame: ddress: bity-St-Zip: litle: lame: lame: ddress:	EDDLEMAN, NEIL 5625 CEDAR TREE LANE NAPLES, FL 34116 SD ( ) Delete JARCHOW, MELODY 220 NE 6TH ST	Name: Address: City-St-Zip: Title: Name: Address:	SD (X) Change ( ) Addition TUFF, RUSSELL 2642 44TH TERRACE SW	
lame: \ddress:	EDDLEMAN, NEIL 5625 CEDAR TREE LANE NAPLES, FL 34116  SD ( ) Delete JARCHOW, MELODY 220 NE 6TH ST NAPLES, FL 34120  TD ( ) Delete QUINN, ALYSE 2392 POINCIANA DRIVE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	SD (X) Change ( ) Addition TUFF, RUSSELL 2642 44TH TERRACE SW NAPLES, FL 34116	

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: RUSSELL W. TUFF SD 08/28/2005