

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90030 006 ****61.25

0020331

DOCUMENT # N97000004209

1. Corporation Name

FRIENDS OF SERENE HARBOR, INC.

Principal Place of Business
**1861 S PATRICK DR BOX 185
INDIAN HARBOUR BCH FL 32937**

Mailing Address
**1861 S PATRICK DR BOX 185
INDIAN HARBOUR BCH FL 32937**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/23/1997

4. FEI Number

59-3461286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**GENONI, RUTHANN
758 GLENGARRY DR
MELBOURNE FL 32940**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE
NAME **CROOKS, KATHY**
STREET ADDRESS **560 RIO LN**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **DT** ☐ DELETE
NAME **ROBERTS, CAROL**
STREET ADDRESS **370 OAK HAVEN DR**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **CS** ☒ DELETE
NAME **BLANCHARD, VIRGINIA**
STREET ADDRESS **1910 WASHINGTON AVE**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **AS** ☐ DELETE
NAME **HURST, MARILYN O'NEAL**
STREET ADDRESS **615 MARBELLA PL**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **AT** ☐ DELETE
NAME **GLASS, JOAN**
STREET ADDRESS **678 CARIBBEAN RD**
CITY-ST-ZIP **SATELLITE BEACH FL 32935**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **CS** ☒ Change ☐ Addition
3.2 NAME **Peaggy MURPHY**
3.3 STREET ADDRESS **974 FOSTORIA DR.**
3.4 CITY-ST-ZIP **MELBOURNE, FL 32940**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **PRES./DIRECTOR** ☐ Change ☒ Addition
6.2 NAME **RUTHANN GENONI**
6.3 STREET ADDRESS **758 GLENGARRY DR.**
6.4 CITY-ST-ZIP **MELBOURNE, FL 32940**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RUTHANN GENONI

1/25/96

Date

Daytime Phone #

407-255-7558

CR2E037 (1/98)