

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 766879

Entity Name: SERENITY CLUB OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

SERENITY CLUB
18 SOUTH DIXIE HWY
ST AUGUSTINE, FL 32084

Current Mailing Address:

P.O. BOX 5274
SAINT AUGUSTINE, FL 32085 US

FEI Number: 59-2308651

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PELOSI, DOROTHY BROWN
SERENITY CLUB
18 SOUTH DIXIE HWY
ST AUGUSTINE, FL 32084 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: DOROTHY BROWN PELOSI

06/04/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HAMM, RICHARD
Address P.O. BOX 5274
City-State-Zip: SAINT AUGUSTINE FL 32085

Title SECRETARY
Name CASTO, MARIA L
Address P.O. BOX 5274
City-State-Zip: SAINT AUGUSTINE FL 32085

Title TRUSTEE
Name GEIS, LARRY
Address P.O. BOX 5274
City-State-Zip: SAINT AUGUSTINE FL 32085

Title VP
Name ZUKOWSKI, VALENTINA
Address P.O. BOX 5274
City-State-Zip: SAINT AUGUSTINE FL 32085

Title TREASURER
Name PELOSI, DOROTHY
Address P.O. BOX 5274
City-State-Zip: ST AUGUSTINE FL 32085

Title TRUSTEE
Name PRESCOTT, THOMAS
Address P.O. BOX 5274
City-State-Zip: SAINT AUGUSTINE FL 32085

Title TRUSTEE
Name GRIER, ROBERT
Address P.O. BOX 5274
City-State-Zip: SAINT AUGUSTINE FL 32085

Title ACTIVITIES DIRECTOR
Name WILSON, NICHOLAS
Address P.O. BOX 5274
City-State-Zip: SAINT AUGUSTINE FL 32085

I hereby 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 all other like empowered.

SIGNATURE: DOROTHY BROWN PELOSI

06/04/2023

Electronic Signature of Signing Officer/Director Detail

Date