

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008554

Entity Name: SERENITY EDUCATIONAL PROGRAMS, INC.**Current Principal Place of Business:**3651 W. WATERS AVENUE
TAMPA, FL 33614**Current Mailing Address:**PO BOX 7065
TAMPA, FL 33677 US**FEI Number: 13-4204944****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DONALDSON, ROSITA K
8321 MILLWOOD DRIVE
TAMPA, FL 33615 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	DONALDSON, HOWELL MR.
Address	8321 MILLWOOD DRIVE
City-State-Zip:	TAMPA FL 33615

Title	DIRECTOR
Name	HARTSFIELD, TAMELA
Address	1046 CARLISIE DRIVE
City-State-Zip:	ALLEN TX 75002

Title	DIRECTOR
Name	RAMBERAC, RUTH
Address	4900 W. LEMON STREET
City-State-Zip:	TAMPA FL 33634

Title	PRES
Name	DONALDSON, ROSITA KMRS
Address	8321 MILLWOOD DRIVE
City-State-Zip:	TAMPA FL 33615

Title	DIRECTOR
Name	CARRINGTON, NORVA
Address	603 LAKE DOE BLVD
City-State-Zip:	APOPKA FL 32703

Title	DIRECTOR
Name	FIELDER, NICOLE
Address	5101 NORTH POEL ROAD
City-State-Zip:	PLANT CITY FL 33565

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: ROSITA DONALDSON**PRESIDENT****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date