

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008554

Entity Name: SERENITY EDUCATIONAL PROGRAMS, INC.**Current Principal Place of Business:**3679 W. WATERS AVENUE
TAMPA, FL 33614**Current Mailing Address:**3679 W. WATERS AVENUE
TAMPA, FL 33614 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	ROBINSON, GWENDOLYN
Address	4807 RIVER BOTTOM COURT
City-State-Zip:	TAMPA FL 33617

Title	DIRECTOR
Name	RIVERA, CARMEN
Address	8705 OSAGE DRIVE
City-State-Zip:	TAMPA FL 33634

Title	PRES
Name	DONALDSON, ROSITA KATRICE
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

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****06/03/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date