

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000064200

Entity Name: SERENITY HOLISTIC RESIDENTIAL CARE, CORPORATION**Current Principal Place of Business:**7575 WEST HWY 326
OCALA, FL 34482**Current Mailing Address:**7575 WEST HWY 326
OCALA, FL 34482 US**FEI Number: 80-0302657****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALBRITTON, TINA R
7575 WEST HWY 326
OCALA, FL 34482 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	P
Name	ALBRITTON, TINA R
Address	6160 WEST HWY 326
City-State-Zip:	OCALA FL 34482

Title	SECT
Name	ALBRITTON, CHRIS
Address	7575 WEST HWY 326
City-State-Zip:	OCALA FL 34482

Title	OFFICER
Name	ALBRITTON, NICHOLE DENISE
Address	7575 WEST HWY 326
City-State-Zip:	OCALA FL 34482

Title	VP
Name	LEGRANDE, CHRIS
Address	23705 COLDWATER COURT
City-State-Zip:	MORENO VALLEY CA 92557

Title	TREASURER
Name	ALBRITTON, TINA ROGERS
Address	7575 WEST HWY 326
City-State-Zip:	OCALA FL 34482

Title	OFFICER
Name	DANDY, ALISHA
Address	6183 NORTHWEST 60TH STREET
City-State-Zip:	OCALA FL 34482

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TINA ALBRITTON**02/15/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date