FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

721746

(6)

LIFE MANAGEMENT CENTER OF NORTHWEST FLORIDA, INC

Principal Place of Business Malling Address							
525 EAST 15TH STREET PANAMA CITY FL 32405		525 EAST 15TH STREET PANAMA CITY FL 32405			3. Date Incorporated or Qualified 09/21/1971 4. FEI Number Applied For		
					59-1375195	Not	t Applicable
	lace of Business	2a. Mailing Address			5. Certificate of Status Desired	\$8.75 A	
21	Al ala	26				Fee Res	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to		
City & State		City & State		7. Is this nonprofit corporation a homeowns			
23		28		Y. Is this horiprofit corporation a nonecowners association?			
Zip	Country	Zφ	Count	ry	8. This corporation owes or has paid the cu		ingible
24	25	29	30				No No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
			8	1 Name			
HAMPTON, PETER T. PH. D.			e	2 Street	Address (P.O. Box Number is Not Acceptable)		
525 EAST 15TH ST			ļ_				
PANAMA	A CITY FL 32405		8	3			
1			8	4 City	Pi	86 Zip C	ode
44 Duranast	to the pre-delens of Costions 517 050	2 and 617 1509 Florida Ptot	ulos the abo		FI	=	Facilitated
office or r	egistered agent, or both, in the State	of Florida_Such change wa	s authorized	by the corp	corporation submits this statement for the purpose operation's board of directors. I hereby accept the appropriate the submits and the submits accept the submits acc	pointment as i	registered
agent. La		itions of, Section 617.0503,	Florida Statut	es.			
SIGNATURE .	N/A Signature, typed or printed name of registered age	or and title if emplicable (N	OTF: Registered A	cent signatura	required when reinstating) DATE		
12.	OFFICERS AND		13.	gork organica	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 12
TITLE	PD	X DELETE 1.1 T			D		☐ Addition
NAME	SMITH, DANIEL S	! 1.2 N		E	SMITH, DANIEL S.		
STREET ADDRESS	405 WISCONSIN AVENUE		1.3 STR	ET ADDRESS	405 WISCONSIN AVENUE		
CiTY-ST-ZIP	LYNN HAVEN FL 1.4		1.4 CITY	- ŞT - ZIP	LYNN HAVEN, FL 32444		
TITLE	DT	₩ DELETE	2.1 TITL		DP	Change	Addition
NAME	JACKSON, CURTIS		2.2 NAM	E	JACKSON, CURTIS		
STREET ADDRESS	DRESS 3712 SHORELINE CIRCLE 2.3		2.3 STR	ET ADDRESS	3712 SHORELINE CIRCLE	J	
CITY-ST-ZIP			2, 4 CIT	/-ST-ZIP	PANAMA CITY, FL 3240	5	
TITLE	DV	▼ DELETE	3.1 TITU		DT	Change	Addition
NAME	GAUTIER, JAMES L		3.2 NAM	E	GAUTIER, JAMES L.		
STREET ADDRESS	1511 ILLINOIS AVENUE		3.3 STR	ET ADDRESS	1511 ILLINOIS AVENUE		
CITY-ST-ZIP	LYNN HAVEN FL			(-ST-ZIP	LYNN HAVEN, FL 32444		
TITLE	DS	☒ DELETE	4.1 TITL	Ē.	DS	Change	☐ Addition
NAME	CRAWFROD, YVETTE		4. 2 NAN		CRAWFORD, YVETTE		
STREET ADDRESS	2721 RAVENWOOD COURT		4.3 STRE	ET ADDRESS	2721 RAVENWOOD COURT		
CITY-ST-ZIP	LYNN HAVEN FL		***	-ST-ZIP	LYNN HAVEN, FL 32444	77.8	1.000
TITLE	D DIEN IOINI	DELETE	5.1 TITL			Change	Addition
NAME	BRADY, JOHN		5.2 NAM				
STREET ADDRESS	192 TREASURE PALM DRIVE			ET ADDRESS			
CiTY-ST-ZIP	PANAMA CITY BEACH FL	Tall herese		-ST-ZIP	<u> </u>	100	
TITLE	D HALL HANDER	DELETE.	6.1 TITL		DV TAMES C	Change	Addition
NAME	HALL, JANICE C.		6.2 NAM	E	DUKES, JAMES C.	·m	

14. Thereby 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.

SIGNATURE: Daniel S. Smith - Director

FILED

Feb 24 1998 8:00am

Secretary of State