2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# 721746

Entity Name: LIFE MANAGEMENT CENTER OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

525 EAST 15TH STREET
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

525 EAST 15TH STREET
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-1375195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AILES, EDWIN R
525 EAST 15TH ST
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DVP
Name: MITCHELL, DAN
Address: 810 GEORGIA AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: DVP
Name: DEVINE, SANDRA
Address: 3800 RIVER ROAD
City-St-Zip: VERNON, FL 32462

Title: DS
Name: BYRD, LOIS
Address: 280 AVENUE D
City-St-Zip: PORT ST. JOE,, FL 32456

Title: DT
Name: FOIL, JAMES
Address: 232 MIDDLEBURG DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D
Name: SIMS, JAMES
Address: 714 BANFILL AVENUE
City-St-Zip: BONIFAY, FL 34245

Title: CFO
Name: BERRY, WESLEY
Address: 525 E 15TH STREET
City-St-Zip: PANAMA CITY, FL 32405

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: WESLEY BERRY CFO 02/15/2011
Electronic Signature of Signing Officer or Director Date