

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703471

**Entity Name:** THE LOVELAND CENTER, INC.

**Current Principal Place of Business:**

157 SO. HAVANA ROAD  
VENICE, FL 34292

**Current Mailing Address:**

157 SO. HAVANA ROAD  
VENICE, FL 34292 US

**FEI Number:** 59-1011392

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GUERIN , PATRICK III  
157 SO. HAVANA ROAD  
VENICE, FL 34292 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:** PATRICK GUERIN III

04/04/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name WILLIAMS, DAVID  
Address 812 GOLF DRIVE  
City-State-Zip: VENICE FL 34285

Title DIRECTOR, CO-CHAIR  
Name MASHER, NICHOLAS  
Address 13247 RINELL ST  
City-State-Zip: VENICE FL 34213

Title PRESIDENT, CEO  
Name GUERIN, PATRICK III  
Address 157 SO. HAVANA ROAD  
City-State-Zip: VENICE FL 34292

Title DIRECTOR, CHAIR  
Name KELLER, ROBERT  
Address 1070 TECHNOLOGY DRIVE  
City-State-Zip: N. VENICE FL 34275

Title DIRECTOR  
Name DREW, JACK  
Address 1969 ALLEN STREET  
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR  
Name YOUNG, SYDNEY  
Address 229 NOKOMIS AVE. SOUTH  
City-State-Zip: VENICE FL 34285

Title DIRECTOR, CHAIRMAN  
Name HUEBNER, LAURIE  
Address 5190 PINE SHADOW LANE  
City-State-Zip: NORTH PORT FL 34286

Title DIRECTOR  
Name SKINNER, ELIZABETH  
Address 3305 SHEFFIELD CIRCLE  
City-State-Zip: SARASOTA FL 34239

**Continues on page 2**

*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:** PATRICK J. GUERIN III

PRESIDENT & CEO

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEWANDOWSKI, BOB  
Address 3729 TORREY PINES BLVD.  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name HUNT, DARIN  
Address 464 RAMSEY DR  
City-State-Zip: VENICE FL 34285

Title DIRECTOR  
Name RUBINO, KIMBERLY  
Address 22362 GARRISON DR  
City-State-Zip: PORT CHARLOTTE FL 33954

Title DIRECTOR  
Name BUTLER, MICHAEL  
Address 3937 SHADY GLEN LN  
City-State-Zip: SARASOTA FL 34241

Title DIRECTOR  
Name CRAIG, DEBBIE  
Address 10719 WINDING STREAM LANE  
City-State-Zip: BRADENTON FL 34212

Title DIRECTOR  
Name TAYLOR, JUSTIN  
Address 208 VENICE PALMS BLVD.  
City-State-Zip: VENICE FL 34292

Title DIRECTOR  
Name MCDONALD, TOBY  
Address 129 AVENS DR  
City-State-Zip: NOKOMIS FL 34275

Title DIRECTOR  
Name THOMPSON, JERRY  
Address 263 ROYAL OAK WAY  
City-State-Zip: VENICE FL 34292

Title DIRECTOR  
Name WOODS, JAMES  
Address 1600 CENTER RD  
121  
City-State-Zip: VENICE FL 34292

Title DIRECTOR  
Name STAMPER, JAMES  
Address 4306 BLUE RIDGE ST  
City-State-Zip: NORTH PORT FL 34287