

2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 703471

FILED
Nov 25, 2023
Secretary of State
0220319406CR

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: Yes

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

11/25/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
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
Name COGSWELL, DONALD
Address 365 INTERSTATE BLVD.
City-State-Zip: SARASOTA FL 34240

Title DIRECTOR
Name JOHNSON, A. GARY
Address 4360 CORSO VENETIA BLVD.
City-State-Zip: VENICE FL 34293

Title DIRECTOR
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

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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

11/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title VICE CHAIR, DIRECTOR
Name PINKERTON, BRENT
Address 4240 S. TAMIAMI TRAIL
City-State-Zip: VENICE FL 34293

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

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