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

#### 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			02/01/2018
	Electronic Signature of Registered Agent			Date
Officer/Direct	tor Detail :			
Title	CHAIRMAN, DIRECTOR	Title	DIRECTOR	
Name	WOODS, JAMES	Name	WILLIAMS, DAVID	
Address	609 MADRID AVE	Address	812 GOLF DRIVE	
City-State-Zip:	VENICE FL 34285	City-State-Zip:	VENICE FL 34285	
Title	PAST CHAIR, DIRECTOR	Title	TREASURER, DIRECTOR	
Name	LAPINSKA, DEBORAH	Name	LEWANDOWSKI, ROBERT	
Address	1070 TECHNOLOGY DRIVE	Address	3729 TORREY PINES BLVD.	
City-State-Zip:	N. VENICE FL 34275	City-State-Zip:	SARASOTA FL 34238	
Title	DIRECTOR	Title	DIRECTOR	
Name	BRITTON, JONATHAN	Name	DETERT, SENATOR NANCY	
Address	1190 E. VENICE AVE.	Address	FL SENATOR/SARASOTA COUI COMMISSIONER	NTY
City-State-Zip:	VENICE FL 34285	City-State-Zip:	VENICE FL	
Title	VC, TREASURER, DIRECTOR	Title	PRESIDENT, CEO	
Name	MEHSERLE, WILLIAM L JR.	Name	GUERIN, PATRICK III	
Address	4242 SO. TAMIAMI TRAIL	Address	157 SO. HAVANA ROAD	
City-State-Zip:	VENICE FL 34293	City-State-Zip:	VENICE FL 34292	

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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 GUERIN III

PRESIDENT/CEO

02/01/2018 Date

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 01, 2018 Secretary of State CC9957441365

Certificate of Status Desired: Yes

# **Officer/Director Detail Continued :**

Title	SECRETARY, DIRECTOR	Title	DIRECTOR
Name	HOUGH, KAREN	Name	COGSWELL, DONALD
Address	1515 RINGLING BLVD.	Address	365 INTERSTATE BLVD.
City-State-Zip:	SARASOTA FL 34236	City-State-Zip:	SARASOTA FL 34240
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR JOHNSON, A. GARY	Title Name	DIRECTOR LUOMA, WAYNE
Name	JOHNSON, A. GARY	Name	LUOMA, WAYNE