

2019 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:** 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

04/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR

Name WOODS, JAMES

Address 609 MADRID AVE

City-State-Zip: VENICE FL 34285

Title VC, DIRECTOR

Name WILLIAMS, DAVID

Address 812 GOLF DRIVE

City-State-Zip: VENICE FL 34285

Title TREASURER, DIRECTOR

Name LEWANDOWSKI, ROBERT

Address 3729 TORREY PINES BLVD.

City-State-Zip: SARASOTA FL 34238

Title DIRECTOR

Name BRITTON, JONATHAN

Address 1190 E. VENICE AVE.

City-State-Zip: VENICE FL 34285

Title DIRECTOR

Name MEHSERLE, WILLIAM L JR.

Address 4242 SO. TAMiami TRAIL

City-State-Zip: VENICE FL 34293

Title PRESIDENT, CEO

Name GUERIN, PATRICK III

Address 157 SO. HAVANA ROAD

City-State-Zip: VENICE FL 34292

Title DIRECTOR

Name HOUGH, KAREN

Address 1515 RINGLING BLVD.

City-State-Zip: SARASOTA FL 34236

Title DIRECTOR

Name COGSWELL, DONALD

Address 365 INTERSTATE BLVD.

City-State-Zip: SARASOTA FL 34240

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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

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY, 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 HUEBNER, LAURIE
Address 157 SO. HAVANA ROAD
City-State-Zip: VENICE FL 34292

Title DIRECTOR
Name LUOMA, WAYNE
Address 953 E. DOUGLAS CT.
City-State-Zip: VENICE FL 34293

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