**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 05, 2019**
**Secretary of State**
**7911586263CC**

DOCUMENT# 721746

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

**Current Principal Place of Business:**

525 EAST 15TH STREET
PANAMA CITY, FL 32405

**Current Mailing Address:**

525 EAST 15TH STREET
PANAMA CITY, FL 32405 US

**FEI Number: 59-1375195**

**Certificate of Status Desired:** Yes

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

AILES, EDWIN R
525 EAST 15TH ST
PANAMA CITY, FL 32405 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: EDWIN AILES 03/05/2019

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

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

| | |
|---|---|
| Title | BOARD |
| Name | GARMAN, ARIFA |
| Address | 525 EAST 15TH STREET |
| City-State-Zip: | PANAMA CITY FL 32405 |

| | |
|---|---|
| Title | VC |
| Name | MCAFEE, KARL |
| Address | 525 EAST 15TH STREET |
| City-State-Zip: | PANAMA CITY FL 32405 |

| | |
|---|---|
| Title | TREASURER |
| Name | JOHNSON, BRET |
| Address | 525 EAST 15TH STREET |
| City-State-Zip: | PANAMA CITY FL 32405 |

| | |
|---|---|
| Title | CEO |
| Name | AILES, EDWIN |
| Address | 525 EAST 15TH STREET |
| City-State-Zip: | PANAMA FL 32405 |

| | |
|---|---|
| Title | CHAIR |
| Name | ROHAN, THELMA |
| Address | 525 EAST 15TH STREET |
| City-State-Zip: | PANAMA CITY FL 32405 |

| | |
|---|---|
| Title | EXECUTIVE SECRETARY |
| Name | SIMS, JAMES |
| Address | 525 EAST 15TH STREET |
| City-State-Zip: | PANAMA CITY FL 32405 |

| | |
|---|---|
| Title | BOARD |
| Name | MCCALISTER, JAMES |
| Address | 525 EAST 15TH STREET |
| City-State-Zip: | PANAMA CITY FL 32405 |

**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: WESLEY BERRY CFO 03/05/2019

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | BOARD |
| Name | MERRITT, FRANK DR. |
| Address | 525 EAST 15TH STREET |
| City-State-Zip: | PANAMA CITY FL 32405 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MYERS, TIMOTHY |
| Address | 7307 RODGERS DRIVE |
| City-State-Zip: | PANAMA CITY FL 32404 |

| | |
|---|---|
| Title | BOARD |
| Name | HARRIS, JUDY |
| Address | 4316 NORTHSHORE ROAD |
| City-State-Zip: | LYNN HAVEN FL 32444 |

| | |
|---|---|
| Title | BOARD |
| Name | CARROLL, ROBERT |
| Address | 525 EAST 15TH STREET |
| City-State-Zip: | PANAMA CITY FL 32405 |

| | |
|---|---|
| Title | BOARD |
| Name | CRAYTON, DINAH |
| Address | P O BOX 1145 |
| City-State-Zip: | LYNN HAVEN FL 32444 |