2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2016
Secretary of State
CC0867467930

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

FEI Number: 59-1375195

Certificate of Status Desired: No

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 04/06/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	PALMER, RAYMOND
Address	7316 HWY 2311
City-State-Zip:	PANAMA CITY FL 32404

Title	DIRECTOR
Name	PATRONIS, NICK
Address	8005 NORTH LAGOON DRIVE
City-State-Zip:	PANAMA CITY BEACH FL 32408

Title	DIRECTOR
Name	BROOKINS, KENNETH
Address	2717 GLENVIEW AVENUE
City-State-Zip:	PANAMA CITY FL 32405

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

Title	VP, BOARD
Name	LIKELY, MINNIE
Address	316 AVE B
City-State-Zip:	PORT ST JOE FL 32456

Title	BOARD TREASURER
Name	KOVALESKI, CHARLES
Address	1900 HARRISON AVENUE
City-State-Zip:	PANAMA CITY FL 32405

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

Title	DIRECTOR
Name	NAKAMURA, GENE
Address	107 GREEWOOD DRIVE
City-State-Zip:	PANAMA CITY BEACH FL 32407

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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: WESLEY BERRY CFO 04/06/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	SECRETARY
Name	MCAFEE, KARL
Address	2507 EAST NINTH CIRCLE
City-State-Zip:	PANAMA CITY FL 32401

Title	BOARD PRESIDENT
Name	GARMAN, ARIFA
Address	2108 ST. ANDREWS BLVD.
City-State-Zip:	PANAMA CITY FL 32405

Title	DIRECTOR
Name	ROHAN, THELMA
Address	239 SOUTH COVE TERRACE DRIVE
City-State-Zip:	PANAMA CITY FL 32401