

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745878

Entity Name: THE LIFE CENTER, INC.

Current Principal Place of Business:

819 PARK ST
JACKSONVILLE, FL 32204-3322

Current Mailing Address:

819 PARK ST
JACKSONVILLE, FL 32204-3322

FEI Number: 59-1924793

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FROST, JEAN SPRESIDE
819 PARK ST
JACKSONVILLE, FL 32204 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECY
Name GREENE, JOSEPHINE
Address 2132 MYRA ST.
City-State-Zip: JACKSONVILLE FL 32204

Title TREA
Name LEWIS, JIM
Address 3516 PARK ST..
City-State-Zip: JACKSONVILLE FL 32205

Title MS
Name PINKERTON, MILDRED
Address 4358 TIMUQUANA RD #147
City-State-Zip: JACKSONVILLE FL 32210

Title P
Name FROST, JEAN
Address 3618 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title VP
Name RICKER, ALICE
Address 1950 PAINE AVE. #54
City-State-Zip: JACKSONVILLE FL 32211

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: JIM LEWIS

TREASURE

03/03/2017

Electronic Signature of Signing Officer/Director Detail

Date