

2015 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

02/27/2015

Electronic Signature of Signing Officer/Director Detail_____
Date