

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007098

**Entity Name:** LUMEN VITAE OF GAINESVILLE, INC.

**Current Principal Place of Business:**

1219 NW 10TH AVE.  
GAINESVILLE, FL 32601

**Current Mailing Address:**

1219 NW 10TH AVE.  
GAINESVILLE, FL 32601 US

**FEI Number:** 20-1521374

**Certificate of Status Desired:** Yes

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

SCOTT, JOAN I  
4203 NW 67TH TERR.  
GAINESVILLE, FL 32606 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           TREASURER  
Name           GLYNN, MONICA  
Address        11505 NW 15TH LANE GAINESVILLE  
City-State-Zip: GAINESVILLE FL 32606

Title           VICE-PRESIDENT  
Name           BROWN, JOCELYNE  
Address        22122 NW CR 235A  
City-State-Zip: ALACHUA FL 32615

Title           PRESIDENT  
Name           SMOLENSKI, MARIA FILOMENA  
Address        8851 NW 9TH LANE  
City-State-Zip: GAINESVILLE FL 32606

Title           SECRETARY  
Name           SCOTT, JOAN I  
Address        4203 NW 67TH TERRACE  
City-State-Zip: GAINESVILLE FL 32606

Title           DM  
Name           CULLEN, CAROL  
Address        455 SW HAWTHORNE TER.  
City-State-Zip: FORT WHITE FL 32038

*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:** CAROL CULLEN

**EXECUTIVE DIRECTOR**

**01/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date