

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008812

**Entity Name:** THE SEASONED RELAXATION CENTER, INC.

**Current Principal Place of Business:**

2612 NEZ PERCE TRAIL  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

2612 NEZ PERCE TRAIL  
TALLAHASSEE, FL 32303 US

**FEI Number:** 47-2925796

**Certificate of Status Desired:** No

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

SMITH, TREVEKA D  
2612 NEZ PERCE TRAIL  
TREVEKA, FL 32303 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 ED  
Name SMITH, TREVEKA D  
Address 2612 NEZ PERCE TRAIL  
City-State-Zip: TALLAHASSEE FL 32303

Title DD  
Name DUNLAP, KEISHA T  
Address 4078 POINT MILLIGAN ROAD  
City-State-Zip: QUINCY FL 32352

*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:** TREVEKA D. SMITH

**EXECUTIVE DIRECTOR**

**02/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date