

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 284226

Entity Name: LSCU SERVICE CORPORATION, INC.**Current Principal Place of Business:**3692 COOLIDGE CT
TALLAHASSEE, FL 32311**Current Mailing Address:**3692 COOLIDGE CT
TALLAHASSEE, FL 32311 US**FEI Number:** 59-1086132**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LA PINE, PATRICK
3692 COOLIDGE CT
TALLAHASSEE, FL 32311 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 SECRETARY
Name RAMSEY, STEWART
Address PEN AIR FCU
1495 E NINE MILE RD
City-State-Zip: PENSACOLA FL 32514

Title IMMEDIATE PAST CHAIR
Name COWANS, ALVIN J
Address 35 WEST MICHIGAN STREET
City-State-Zip: ORLANDO FL 32806

Title CFO
Name BEEMER, BRETT
Address 3692 COOLIDGE COURT
City-State-Zip: TALLAHASSEE FL 32311

Title CHAIRMAN
Name WILLIAMS, TINA
Address 3150 AIRPORT BLVD.
City-State-Zip: MOBILE AL 36606

Title TREASURER
Name NOBBLEY, SHANE
Address 2204 FAMILY SECURITY PLACE SW
City-State-Zip: DECATUR AL 35603

Title PRESIDENT
Name LAPINE, PATRICK
Address 3692 COOLIDGE COURT
City-State-Zip: TALLAHASSEE FL 32311

Title VC
Name JOHNSON, KEVIN
Address PO BOX 11904
City-State-Zip: TAMPA FL 33680

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRETT C BEEMER

CFO

04/29/2019

Electronic Signature of Signing Officer/Director Detail_____
Date