

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001230

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: THE LIFE CENTER OF HERNANDO INCORPORATED

**Current Principal Place of Business:**

3443 MINNOW CREEK DR  
HERNANDO BCH, FL 34607

**New Principal Place of Business:**

**Current Mailing Address:**

3443 MINNOW CREEK DR  
HERNANDO BCH, FL 34607

**New Mailing Address:**

FEI Number: 32-0004500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEMOINE, BARBARA  
3443 MINNOW CR DR  
HERNANDO BEACH, FL 34607 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: LEMOINE, BARBARA  
Address: 3443 MINNOW CREEK DR  
City-St-Zip: HERNANDO BCH, FL 34607

Title: MOBD ( ) Delete  
Name: KELLY, CHANTELLE  
Address: 4739 MAPLE TREE LOOP  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete  
Name: TIMMONS, CAROLYN  
Address: 227 E. EARLY ST.  
City-St-Zip: BROOKSVILLE, FL 34601

Title: T ( ) Delete  
Name: SACCA, LINDA  
Address: 8413 MAYBELLE DR  
City-St-Zip: WEEKIWACHEE, FL 34613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DC (X) Change ( ) Addition  
Name: LEMOINE, BARBARA D MRS.  
Address: 3443 MINNOW CREEK DR  
City-St-Zip: HERNANDO BCH, FL 34607

Title: MOBD (X) Change ( ) Addition  
Name: KELLY, CHANTELLE MRS.  
Address: 4739 MAPLE TREE LOOP  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: SEC. (X) Change ( ) Addition  
Name: TERESA, GLOVER MISS  
Address: 7501 JOMEL DR.  
City-St-Zip: SPRING HILL, FL

Title: T (X) Change ( ) Addition  
Name: SACCA, LINDA MRS.  
Address: 8413 MAYBELLE DR  
City-St-Zip: WEEKIWACHEE, FL 34613

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA LEMOINE

DC

04/19/2009

Electronic Signature of Signing Officer or Director

Date