

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005865

FILED
Jan 07, 2008
Secretary of State

Entity Name: LCPS MANAGEMENT, INC.

Current Principal Place of Business:

1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3474336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, RAYMOND M
1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH, FL 32082 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: PD () Delete
Name: JOHNSON, RAYMOND M
Address: 1000 VICAR'S LANDING WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD () Delete
Name: HOSKINS, CHARLES
Address: 4241 DUVAL DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD () Delete
Name: ROLLER, DONALD
Address: 1421 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD () Delete
Name: VORSANGER, BRUCE
Address: 1212 SALT CREEK POINT WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RAYMOND M. JOHNSON

PD

01/07/2008

Electronic Signature of Signing Officer or Director

Date