

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005865

FILED  
Feb 03, 2012  
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: CEO  
Name: JOHNSON, RAYMOND M  
Address: 1000 VICAR'S LANDING WAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TRE  
Name: HOSKINS, CHARLES  
Address: 4241 DUVAL DRIVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VPRE  
Name: ARROWSMITH, MARGARET  
Address: 3257 OLD BARN ROAD WEST  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SEC  
Name: HOENER, JAMES  
Address: 71 VILLAGE WALK DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TRE  
Name: HOSKINS, CHARLES  
Address: 4241 DUVAL DRIVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: RAYMOND M. JOHNSON

CEO

02/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date