

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703335

**Entity Name:** LAKEVIEW CENTER, INC.

**Current Principal Place of Business:**

1221 W LAKEVIEW AVE  
PENSACOLA, FL 32501

**Current Mailing Address:**

1221 WEST LAKEVIEW AVE  
PENSACOLA, FL 32514 US

**FEI Number:** 59-0737872

**Certificate of Status Desired:** Yes

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

CHRISTALDI, RONALD A.  
101 EAST KENNEDY BOULEVARD  
SUITE 2800  
TAMPA, FL 33602 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:** RON CHRISTALDI

01/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VC  
Name POWELL, STEPHANIE  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title ASST. SECRETARY  
Name SWANSON, LAURA E  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title CEO  
Name HILL, M. ALLISON  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title CHAIRMAN  
Name HAMILTON, HUGH  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title D, TREASURER, SECRETARY  
Name JORDAN, DALE  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title VP  
Name WHITAKER, SANDY  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title PRESIDENT  
Name SALAMIDA, SHAWN  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title VP, CFO  
Name BARLEY, ERIC  
Address 1221 WEST LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32514

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*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:** LAURA SWANSON

SECRETARY

01/22/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name BORCHERDING, CORY  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name GORMLEY, JOHN  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name FRANKLIN, PATRICIA  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name POWELL, STEPHANIE  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name BEALL, CHARLES  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name SPAIN, ADRIANNA  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name BEATY, RUSSELL  
Address 1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
City-State-Zip: PENSACOLA FL 32501