

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703335

Entity Name: LAKEVIEW CENTER, INC.**Current Principal Place of Business:**1221 W LAKEVIEW AVE
C/O EXECUTIVE OFFICE
PENSACOLA, FL 32501**Current Mailing Address:**1221 WEST LAKEVIEW AVE
ATTN: EXECUTIVE OFFICE
PENSACOLA, FL 32514 US**FEI Number:** 59-0737872**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHRISTALDI, RON
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

03/28/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title ASST. SECRETARY
Name WILKERSON, DONALD A
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 VC
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 JONES, MELANIE
Address 1221 WEST LAKEVIEW AVE
ATTN: 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: DONALD WILKERSON

ASSISTANT SECRETARY 03/28/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name WHITE, FRANKIE
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 MCKINON, RUTH
Address 1221 W LAKEVIEW AVE
C/O EXECUTIVE OFFICE
City-State-Zip: PENSACOLA FL 32501