

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001230

Entity Name: THE LIFE CENTER OF HERNANDO INCORPORATED

Current Principal Place of Business:

3443 MINNOW CREEK DR
HERNANDO BCH, FL 34607

Current Mailing Address:

3443 MINNOW CREEK DR
HERNANDO BCH, FL 34607 US

FEI Number: 32-0004500

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEMOINE, BARBARA DMRS.
3443 MINNOW CR DR
HERNANDO BEACH, FL 34607 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CS
Name LEMOINE, BARBARA DMRS.
Address 3443 MINNOW CREEK DR
City-State-Zip: HERNANDO BCH FL 34607

Title BM
Name JOHNSON, CHANTELE MS.
Address 4739 MAPLE TREE LOOP
City-State-Zip: WESLEY CHAPEL FL 33543

Title TREASURER
Name POLLOCK, PAMELA D
Address 8315 BERKELEY MANOR BLVD
City-State-Zip: SPRING HILL FL 34606

Title SECRETARY
Name WELSH, ANGELA
Address 11323 COUNTRYWOOD CT
City-State-Zip: SPRING HILL FL 34609

Title HOUSE MOTHER
Name RAYMOND, CAROLYN
Address 10430 EASTSIDE AVE
City-State-Zip: SPRING HILL FL 34601

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: BARBARA LEMOINE

DIRECTOR

02/03/2014

Electronic Signature of Signing Officer/Director Detail

Date