

2022 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:

PO BOX 10141
BROOKSVILLE, FL 34603 US

FEI Number: 32-0004500

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEMOINE, BARBARA D MRS.
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 EXECUTIVE DIRECTOR
Name LEMOINE, BARBARA DMRS.
Address 3443 MINNOW CREEK DR
City-State-Zip: HERNANDO BCH FL 34607

Title BOARD CHAIR
Name REID, EVANGELINE
Address PO BOX 10141
City-State-Zip: BROOKSVILLE FL 34603

Title TREASURER
Name HOFMEISTER, HEIDI
Address 5487 MOSQUERO
City-State-Zip: SPRING HILL FL 34606

Title EXECUTIVE SECRETARY
Name WELSH, ANGELA
Address PO BOX 10141
City-State-Zip: BROOKSVILLE FL 34603

Title PUBLIC RELATIONS
Name DORIE, LAURIANNA
Address PO BOX 10141
City-State-Zip: BROOKSVILLE FL 34603

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

EXECUTIVE DIRECTOR

03/11/2022

Electronic Signature of Signing Officer/Director Detail

Date