## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006175

Entity Name: THE LIFE CENTER UPC, INC.

**Current Principal Place of Business:** 

734 62ND AVE N

ST PETERSBURG, FL 33702

**Current Mailing Address:** 

734 62ND AVE N

ST PETERSBURG, FL 33702

FEI Number: 59-2469582 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUDSPETH, DARON J 10546 LAKE SEMINOLE TERRACE SEMINOLE, FL 33772 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

**FILED** Feb 06, 2024

**Secretary of State** 

6078707112CC

Officer/Director Detail:

Title Title D

ALLEYNE, ARDENE GANGADEEN, ROGER Name Name Address 1527 NEWARK ST S 4460 68TH AVENUE NORTH Address

City-State-Zip: ST. PETERSBURG FL 33781 SAINT PETERSBURG FL 33711 City-State-Zip:

Title Р Title S

Name HUDSPETH, DARON J HUDSPETH, JOY R Name

Address 10546 LAKE SEMINOLE TERRACE Address 10546 LAKE SEMINOLE TERRACE

SEMINOLE FL 33772 City-State-Zip: City-State-Zip: SEMINOLE FL 33772

Title DIRECTOR Title **DIRECTOR** 

Name JEAN, JESSE HUDSPETH, JORDAN Name

Address 5899 27TH TERRACE NORTH City-State-Zip: ST PETERSBURG FL 33713 ST. PETERSBURG FL 33710 City-State-Zip:

Address

4301 25TH AVENUE NORTH

Title DIRECTOR STRONG, CRAIG Name

PINELLAS PARK FL 33781 City-State-Zip:

6430 62ND ST N.

Address

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.

02/06/2024 SIGNATURE: JOY HUDSPETH SECRETARY OF CORP

Electronic Signature of Signing Officer/Director Detail

Date