

2025 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**Officer/Director Detail :**

Title	D
Name	ALLEYNE, ARDENE
Address	1527 NEWARK ST S
City-State-Zip:	SAINT PETERSBURG FL 33711

Title	S
Name	HUDSPETH, JOY R
Address	10546 LAKE SEMINOLE TERRACE
City-State-Zip:	SEMINOLE FL 33772

Title	DIRECTOR
Name	HUDSPETH, JORDAN
Address	5899 27TH TERRACE NORTH
City-State-Zip:	ST. PETERSBURG FL 33710

Title	DIRECTOR
Name	STRONG, CRAIG
Address	6430 62ND ST N.
City-State-Zip:	PINELLAS PARK FL 33781

Title	D
Name	GANGADEEN, ROGER
Address	4460 68TH AVENUE NORTH
City-State-Zip:	ST. PETERSBURG FL 33781

Title	P
Name	HUDSPETH, DARON J
Address	10546 LAKE SEMINOLE TERRACE
City-State-Zip:	SEMINOLE FL 33772

Title	DIRECTOR
Name	JEAN, JESSE
Address	4301 25TH AVENUE NORTH
City-State-Zip:	ST PETERSBURG FL 33713

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: JOY HUDSPETH**SECRETARY****02/11/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date