## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004632

Entity Name: LIFE SKILLS CENTER - LEE COUNTY, INC.

FILED May 02, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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14321 17A HARBOUR LINKS 3637 DR MARTIN LUTHER KING JR BLVD

FORT MYERS, FL 33901 SUITE 104

FORT MYERS, FL 33916

Current Mailing Address: New Mailing Address:

14321 17A HARBOUR LINKS 4433 MARCHMONT BLVD FORT MYERS, FL 33901 LAND O LAKES, FL 34638

FEI Number: 20-4994481 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALVAREZ, SAMBOL, WINTHROP & MADSON, P.A. 4315 METRO PARKWAY SUITE 510 FORT MYERS, FL 33916 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:

- Clarker in Circumstance of Desighans of Assert

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D/P ( ) Delete
 Title:
 P/ D (X) Change ( ) Addition

 Name:
 LOHMEYER, RUTH PH.D.
 Name:
 ROBERT, COCHRANE

 Address:
 14321 17A HARBOUR LINKS
 Address:
 1925 CLIFFORD STREET #803

 City-St-Zip:
 FORT MYERS, FL 33901
 City-St-Zip:
 FORT MYERS, FL 33901

Title: D/VP ( ) Delete Title: S/D (X) Change ( ) Addition Name: COCHRANE, ROBERT Name: MULLIN, MOLLY

Address: 1925 CLIFFORD STREET, #803 Address: 2525 ORTIZ AVENUE
City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33905

Title: D/S ( ) Delete Title: D/T (X) Change ( ) Addition Name: MULLIN, MOLLY Name: LYLES, DAVID

Address: 2525 ORTIZ AVENUE Address: 71 SUNRISE AVENUE
City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33903

 $\label{eq:Title:D} \textit{Title:} \qquad \textit{D} \textit{T} \qquad \textit{( ) Delete} \qquad \qquad \textit{Title:} \qquad \textit{D} \qquad \textit{(X) Change ( ) Addition}$ 

 Name:
 LYLES, DAVID
 Name:
 VURRON, VINCENT

 Address:
 71 SUNRISE AVENUE
 Address:
 2525 ORTIZ AVENUE

 City-St-Zip:
 NORTH FORT MYERS, FL 33903
 City-St-Zip:
 FORT MYERS, FL 33905

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HUMFLEET, ÄLLEN B
 Name:

 Address:
 711 N. LAKE AVENUE
 Address:

 City-St-Zip:
 LEHIGH ACRES, FL 33972
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 VURRO, VINCÉNT
 Name:

 Address:
 2525 ORTIZ AVENUE
 Address:

 City-St-Zip:
 FORT MYERS, FL 33905
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID LYLES T 05/02/2007