2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# N06000004632

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

Current Principal Place of Business:

3637 DR MARTIN LUTHER KING JR BLVD
SUITE 104
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

2500 METROCENTRE BLVD.
SUITE 500
WEST PALM BEACH, FL 33407

New Mailing Address:

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

Name and Address of Current Registered Agent:

DEAL, TONYA A
2500 METROCENTRE BLVD.
SUITE 5
WEST PALMBEACH, FL 33407 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: ROBERT, COCHRANE
Address: 1925 CLIFFORD STREET #803
City-St-Zip: FORT MYERS, FL 33901

Title: DVP
Name: LATTANZI, APRIL A
Address: 24 RICHMOND AVENUE NORTH
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DT
Name: VANDEUSEN, JOYCE
Address: 1315 SE 13TH TERR
City-St-Zip: CAPE CORAL, FL 33990

Title: D
Name: SMITH, CHARLES
Address: 812 N ENTRADA DR
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: HUMFLEET, ALLEN
Address: 530 KELLER STREET E.
City-St-Zip: LEHIGH ACRES, FL 33974

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: ROBERT PAUL COCHRANE PRES 02/15/2011

Electronic Signature of Signing Officer or Director — Date