2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N06000002511

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

Current Principal Place of Business:

324 N. ADMAS STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

324 N. ADMAS STREET
TALLAHASSEE, FL 32301

New Mailing Address:

4433 MARCHMONT BLVD
LAND O LAKES, FL 34638

FEI Number: 20-5002059 **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:

WOOLLEY, WILLIAM M
4009 MCLEOD DRIVE
TALLAHASSEE, FL 32303 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: P ( ) Delete
Name: WOOLLEY, WILLIAM M
Address: 4009 MCLEOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: V ( ) Delete
Name: DAVIS, MICHAEL J
Address: 3674 LAKE CHARLES DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete
Name: THORNTON, GLENDA L
Address: 106 E. COLLEGE AVENUE, STE 900
City-St-Zip: TALLAHASSEE, FL 32301

Title: S ( ) Delete
Name: SMITH, ROBERT D
Address: 2735 DEBORAH DRIVE
City-St-Zip: TALLAHASSEE, FL 32310

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: WILLIAMS, ALAN
Address: 1201 STONY CREEK WAY
City-St-Zip: TALLAHASSEE, FL 32317

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: WILLIAM WOOLLEY P 05/02/2007
Electronic Signature of Signing Officer or Director — Date