

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004632

FILED
Apr 23, 2009
Secretary of State

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:

4433 MARCHMONT BLVD
LAND O LAKES, FL 34638

New Mailing Address:

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

FEI Number: 20-4994481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DEAL, TONYA A
2500 METROCENTRE BLVD.
SUITE 500
WEST PALMBEACH, FL 33407 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: TONYA A. DEAL

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: ROBERT, COCHRANE
Address: 1925 CLIFFORD STREET #803
City-St-Zip: FORT MYERS, FL 33901

Title: S/D () Delete
Name: MULLIN, MOLLY
Address: 2525 ORTIZ AVENUE
City-St-Zip: FORT MYERS, FL 33905

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

Title: VD () Delete
Name: SMITH, CHARLES
Address: 812 N ENTRADA DR
City-St-Zip: FORT MYERS, FL 33919

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROBERT, COCHRANE
Address: 1925 CLIFFORD STREET #803
City-St-Zip: FORT MYERS, FL 33901

Title: SD (X) Change () Addition
Name: LATTANZI, APRIL A
Address: 24 RICHMOND AVENUE NORTH
City-St-Zip: LEHIGH ACRES, FL 33936

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

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

Title: D () Change (X) Addition
Name: MULLIN, MOLLY
Address: 2525 ORTIZ AVENUE
City-St-Zip: FORT MYERS, FL 33905

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: ROBERT COCHRANE

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date