

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004632

FILED  
Feb 15, 2011  
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:**

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