# above, or on an attachment with all other like empowered.

#### SIGNATURE: FRANCES BOYDE

Electronic Signature of Signing Officer/Director Detail

## APOPKA, FL 32703 US FEI Number: 26-1696649

**Current Principal Place of Business:** 

DOCUMENT# N0800002087

4706 PARKWAY COMMERCE BLVD

**Current Mailing Address:** 

ORLANDO, FL 32808

1840 HAPERON ST.

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

BOYDE, FRANCES 1840 HAPERON ST. APOPKA, FL 32703 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: FRANCES BOYDE

Electronic Signature of Registered Agent

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: ADOLESCENT LIFE COACHING CENTER, INC.

### **Officer/Director Detail :**

Title	DIR.
Name	BOYDE, FRANCES
Address	1840 HAPERON ST.
City-State-Zip:	APOPKA FL 32703

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

DIRECTOR

02/03/2020

FILED Feb 03, 2020 Secretary of State 6846470378CC

Certificate of Status Desired: Yes

02/03/2020 Date

Date