

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002087

**Entity Name:** ADOLESCENT LIFE COACHING CENTER, INC.

**Current Principal Place of Business:**

4246 WEEPING WILLOW CIR.  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

4246 WEEPING WILLOW CIR.  
WINTER SPRINGS, FL 32708 US

**FEI Number:** 26-1696649

**Certificate of Status Desired:** Yes

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

BOYDE, FRANCES  
4246 WEEPING WILLOW CIR.  
WINTER SPRINGS, FL 32708 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DIR.  
Name            BOYDE, FRANCES  
Address        4246 WEEPING WILLOW CIR.  
City-State-Zip: WINTER SPRINGS FL 32708

*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:** FRANCES BOYDE

**DIRECTOR**

**01/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date