

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000007735

Entity Name: LIFE SKILLS SERVICE CENTER OF THE VILLAGES FLORIDA, INC.**FILED**
Feb 09, 2021
Secretary of State
9013557963CC**Current Principal Place of Business:**3515 WEDGEWOOD LANE
113
THE VILLAGES, FL 32162**Current Mailing Address:**3515 WEDGEWOOD LN STE 113
THE VILLAGES, FL 32162 US**FEI Number: 90-0886284****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HAMBRICK, AVON
5167 C.R. 169
WILDWOOD, FL 34785 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: AVON HAMBRICK****02/09/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	HAMBRICK, AVON
Address	5167 C.R. 169 PO BOX 444
City-State-Zip:	WILDWOOD FL 34785

Title	D
Name	ROSS, MARTINA
Address	9363 C.R. 231 PO BOX 92
City-State-Zip:	WILDWOOD FL 34785

Title	D
Name	STOKES, PATRICIA
Address	9863 COUNTY RD 235A
City-State-Zip:	WILDWOOD FL 34785

Title	ADMINISTRATOR
Name	HAMBRICK, THERESA
Address	3706 W. IDLEWILD AVE. APT. 401
City-State-Zip:	TAMPA FL 33592-2983

Title	PRESIDENT
Name	MOBLEY, CAROLYN
Address	5151 C R 169
City-State-Zip:	WILDWOOD FL 34785

Title	DIRECTOR
Name	ISHAM, DALLAS
Address	1205 HUEY ST
City-State-Zip:	WILDWOOD FL 34785

Title	DIRECOR
Name	DIXON, RODERICK
Address	426 HALL ST
City-State-Zip:	WILDWOOD FL 34785

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: AVON HAMBRICK**MGR****02/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date