2005 NOT-FOR-PROFIT CORPORATION

Apr 29, 2005 8:00 am Secretary of State ANNUAL REPORT 04-29-2005 90264 031 ****61.25 DOCUMENT # N04000005909 LIFE SKILLS CENTER BROWARD COUNTY, INC. 14010020 Principal Place of Business Mailing Address 2540 NW 21ST STREET 2540 NW 21ST STREET FT LAUDERDALE, FL 33311 FT LAUDERDALE, FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04122005 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number 20-2665301 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD PLANTATION, FL 33324 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable DAŢE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE TITLE President ☐ Change X Addition Simone Ruiz-Payne Narcis NAME NAME STREET ADDRESS STREET ADDRESS 7087 NW:49th Place Lauderhills, FL 33319 CITY-ST-ZIP CITY - ST-ZIP Board Member TITLE Delete TITLE ☐ Change X Addition Harvey Bryan NAME NAME STREET ADDRESS STREET ADDRESS PO Box 5147 CITY-ST-7IP CITY-ST-7IP <u>Fort Lauderdale, FL33310</u> TITLE ☐ Delete TITLE ☐ Change ★ Addition Treasurer NAME NAME Mattie Tucker STREET ADDRESS STREET ADDRESS 1963 MW 45th St. Oakland Park, Fl. 33309 CITY-ST-ZIP CITY-ST-71P Addition TITLE ☐ Defete TITLE Secretary ☐ Change NAME NAME Peter Dawkins STREET ADDRESS STREET ADDRESS 7061 NW 49th Place Laudernills, FL 33319 CITY-ST-ZIP CITY - ST- ZIP Vice President ☐ Change Delete TITLE **Addition** TITLE NAME NAME Wanda Eason STREET ADDRESS STREET ADORESS 1651 NW 55th Ave. Lauderhills, FL 33313 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 worker empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CHING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

FILED