2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # N0400005909 1. Entity Name LIFE SKILLS CENTER BROWARD COUNTY, INC.				0	4-28-2006 9	90198 001 ***	*61.25	
2540 NW 21ST STREET 2		Mailing Address 2540 NW 21ST STREET FT LAUDERDALE, FL 33311			60030450			
321 N. University Drive		Mailing Address 321 N. University Drive						
Suite, Apt. #, etc. #S-02, 3rd Floor		Suite, Apt. #, etc. #S-02, 3rd Floor		03222006 Ct	ng-NP	CR2E037 (11/0	5)	
City & State Plantation, Florida		City & State Plantation, Florida		4. FEI Number 20-266530	 1		Applied For Not Applicable	
Zip 33324	Country USA	Zip 33324	Country	5. Certificate of St		□ \$8.75	Additional	
-00024	6. Name and Address of Current		USA	7. Name and Add	ress of New Re			
· · · · · · · · · · · · · · · · · · ·			Name	Name				
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324		Street Address		dress (P.O. Box Number is f	(P.O. Box Number is Not Acceptable)			
•	,							
			City			FL Zip	Code	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	egistered office or re	egistered agent, or both, in	the State of Flo	rida. I am familiar v	vith, and accept	
a to congat	ions of registered agent.							
SIGNATURE .								
	Signature, typed or printed name of registered agent							
	agrants, types or printed rather or regarded agent	and tale if applicable. (NOTE: I	Registered Agent signature	a required when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	1	DATE ake check payab		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	Flori	ake check payab Ida Department c	f State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co RECTORS	paign Financing	\$5.00 May Be Added to Fees	Flori	ake check payab Ida Department c	f State S IN 10	
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIE P RUIZ-PAYNE NARCIS, SIMONE 7087 NW 49TH PL	9. Election Camp Trust Fund Co RECTORS Delete	paign Financing ntribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check payab Ida Department o	of State S IN 10 Inge ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIE P RUIZ-PAYNE NARCIS, SIMONE 7087 NW 49TH PL LAUDERHILLS, FL 33319 BM BRYAN, HARVEY PO BOX 5147	9. Election Camp Trust Fund Co RECTORS Delete	paign Financing ntribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check payab Ida Department c RS AND DIRECTOR ☐ Char	of State S IN 10 Inge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PILING Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIE PRUIZ-PAYNE NARCIS, SIMONE 7087 NW 49TH PL LAUDERHILLS, FL 33319 BM BRYAN, HARVEY PO BOX 5147 FORT LAUDERDALE, FL 33310 T TUCKER, MATTIE 1963 NW 45TH ST	9. Election Camp Trust Fund Co RECTORS Delete	paign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check payab Ida Department c RS AND DIRECTOR ☐ Char	of State S IN 10 Inge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PRUIZ-PAYNE NARCIS, SIMONE 7087 NW 49TH PL LAUDERHILLS, FL 33319 BM BRYAN, HARVEY PO BOX 5147 FORT LAUDERDALE, FL 33310 T TUCKER, MATTIE 1963 NW 45TH ST OAKLAND PARK, FL 33309 S DAWKINS, PETER 7061 NW 49TH PL	9. Election Camp Trust Fund Co RECTORS Delete Delete Delete	paign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check payabida Department c	Addition S IN 10 Addition Addition Addition Ge Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied ental 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 trustee 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 officer in the empowered.

SIGNATURE: 🙏

NAME OF STONING OFFICER OF DIRECTOR

100100

Date

Daytime Phone #