

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005909

FILED  
May 02, 2007  
Secretary of State

**Entity Name:** LIFE SKILLS CENTER BROWARD COUNTY, INC.

**Current Principal Place of Business:**

321 N UNIVERSITY DR  
S-02 3RD FL  
FORT LAUDERDALE, FL 33324

**New Principal Place of Business:**

2360 OAKLAND PARK BLVD  
OAKLAND PARK, FL 33311

**Current Mailing Address:**

321 N UNIVERSITY DR  
S-02 3RD FL  
FORT LAUDERDALE, FL 33324

**New Mailing Address:**

4433 MARCHMONT BLVD  
LAND O LAKES, FL 34638

**FEI Number:** 20-2665301      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324      US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RUIZ-PAYNE NARCIS, SIMONE  
Address: 7087 NW 49TH PL  
City-St-Zip: LAUDERHILLS, FL 33319

Title: BM ( ) Delete  
Name: BRYAN, HARVEY  
Address: PO BOX 5147  
City-St-Zip: FORT LAUDERDALE, FL 33310

Title: T ( ) Delete  
Name: TUCKER, MATTIE  
Address: 1963 NW 45TH ST  
City-St-Zip: OAKLAND PARK, FL 33309

Title: S ( ) Delete  
Name: DAWKINS, PETER  
Address: 7061 NW 49TH PL  
City-St-Zip: LAUDERHILLS, FL 33319

Title: V ( ) Delete  
Name: EASON, WANDA  
Address: 1651 NE 55TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33313

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: BM (X) Change ( ) Addition  
Name: PAULA, WOODBURN  
Address: 5010 NW 51ST STREET  
City-St-Zip: TAMARAC, FL 33319

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: DAWKINS, PETER  
Address: 2333 WATSON FAIN TRAIL  
City-St-Zip: LOGANVILLE, GA 30052

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SIMONE RUIZ-PAYNE NARCIS

P

05/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date