

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005909

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: LIFE SKILLS CENTER BROWARD COUNTY, INC.

## Current Principal Place of Business:

2360 OAKLAND PARK BLVD  
OAKLAND PARK, FL 33311

## New Principal Place of Business:

## Current Mailing Address:

4433 MARCHMONT BLVD  
LAND O LAKES, FL 34638

## New Mailing Address:

2500 METROCENTRE BLVD.  
SUITE 500  
WEST, FL 33407

FEI Number: 20-2665301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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:

DEAL, TONYA  
2500 METROCENTRE BLVD.  
SUITE 500  
WEST PALM BEACH, FL 33407 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: TONYA A. DEAL

04/30/2009

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: TD ( ) Delete  
Name: LEWIS, REGGIE  
Address: 9907 RED HEART LN  
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: RUIZ-PAYNE NARCIS, SIMONE  
Address: 7087 NW 49TH PL  
City-St-Zip: LAUDERHILLS, FL 33319

Title: VD (X) Change ( ) Addition  
Name: LEWIS, REGGIE  
Address: 9907 RED HEART LN  
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: D ( ) Change (X) Addition  
Name: SCHNEIDER, CARLA  
Address: 215 NE 16TH AVENUE, APT. 203  
City-St-Zip: FT. LAUDERDALE, FL 33301

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: DR. REGGIE R. LEWIS

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date