

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