

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005909

FILED
Feb 06, 2012
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:

P.O. BOX 22368
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 20-2665301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEAL, TONYA A
5096 NORTHERN LIGHTS DRIVE
GREENACRES, FL 33463 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: PD
Name: LEWIS, REGGIE R DR
Address: 9901 RED HEART LANE
City-St-Zip: TAMARAC, FL 33321

Title: VD
Name: SCHNEIDER, CARLA
Address: 215 NE 16TH AVENUE, APT. 203
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D
Name: SUTHERLAND, JERRY D SR.
Address: 7929 NW 10TH COURT
City-St-Zip: MIAMI, FL 33150

Title: D
Name: DAWKINS, AMY M
Address: 2520 NW 121ST STREET
City-St-Zip: MIAMI, FL 33167

Title: D
Name: SCARLETTE, LAHOMA
Address: 7501 NW 16TH STREET #3106
City-St-Zip: PLANTATION, FL 33313

I hereby 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 all other like empowered.

SIGNATURE: DR. REGGIE R. LEWIS

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02/06/2012

Electronic Signature of Signing Officer or Director

Date