

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90198 002 \*\*\*\*61.25

00000111



<b>DOCUMENT # N05000004237</b> 1. Entity Name LIFE SKILLS CENTER PALM BEACH COUNTY, INC.					
Principal Place of Business 3356 TURTLE COVE WEST PALM BEACH, FL 33411			Mailing Address 3356 TURTLE COVE WEST PALM BEACH, FL 33411		
2. Principal Place of Business 600 N. Congress Avenue Suite, Apt. #, etc. Suite 560		3. Mailing Address 600 N. Congress Avenue Suite, Apt. #, etc. Suite 560		04182006    Chg-NP    CR2E037 (11/05)	
City & State Delray Beach, FL		City & State Delray Beach, FL		4. FEI Number 20-3008989	
Zip 33345		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SCHOENBERG, KATHLEEN ESQ. 1050 BROOKS LANE DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D Derrick Hibler 3356 Turtle Cove West Palm Beach, FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, D Susie Braverman 1000 Scotia Drive, Apt # 104 Hypoluxo, FL 33462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S, D Vicki Burton 305 Fourth Street Jupiter, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T, D Joseph Dawson 2798 Misty Oaks Circle Royal Palm Beach, FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Dr. Jacquelyn Jarzab 2458 Waterside Drive Lake Worth, FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Louise McLester 5721 Colbright Road Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 supplemental 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 other like empowered.					
<b>SIGNATURE:</b> Derrick Hibler, Board President <i>Derrick Hibler</i> 4/19/06    561-279-1354 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

# ATTACHMENT

Document # N05000004237  
Life Skills Center Palm Beach County, Inc.

66030449

No. 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Cassandra Mettlach  
801 NE 6<sup>th</sup> Street  
Boca Raton, FL 33432

☐ Change ☒ Addition