2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004237

Entity Name: LIFE SKILLS CENTER PALM BEACH COUNTY, INC.

Apr 17, 2009 Secretary of State

600 N CONGRESS AVE STE 560 600 N. CONGRESS AVENUE DELRAY BEACH, FL 33345 SUITE 560

DELRAY BEACH, FL 33345

Current Mailing Address: New Mailing Address:

2500 METROCENTRE BLVD. 4433 MARCHMONT BLVD

LAND O LAKES, FL 34638 SUITE 500

WEST PALM BEACH, FL 33407

FEI Number: 20-3008989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SCHOENBERG, KATHLEEN ESQ. DEAL, TONYA A

3801 SABAL LAKES RD 2500 METROCENTRE BLVD.

DELRAY BEACH, FL 33445 US 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 04/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

HIBLER, DERRICK GAY, DOROTHY Name: Name: 3356 TURTLE COVE Address: 5317 OAKMONT VILLAGE CIRCLE Address:

City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: LAKE WORTH, FL 33463

(X) Change () Addition Title: VD Title: () Delete

LOIZ, JOYEL Name: DENEUS, MOLINE Name:

Address: 8634 GREEN CAY Address: 3130 EAST ATLANTIC DRIVE City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: BOYNTON BEACH, FL 33435

Title: () Delete Title: () Change (X) Addition

DEYOUNG, DAVID Name: Name: 4431 EMBARCADERO DRIVE Address: Address:

City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33407

Title: () Delete Title: () Change (X) Addition

Name: Name: GARRETT, GLENDA Address: Address: **1532 40TH STREET**

City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33407

Title: () Delete Title: () Change (X) Addition

ROGERS, CHERYL Name: Name:

650 NORTH CONGRESS AVENUE Address: Address: DELRAY BEACH, FL 33445 City-St-Zip: 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: DOROTHY GAY **PRES** 04/17/2009