

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004237

FILED  
Feb 06, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 17755  
WEST PALM BEACH, FL 33416

**New Mailing Address:**

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

FEI Number: 20-3008989

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: P  
Name: GAY, DOROTHY  
Address: P.O. BOX 21552  
City-St-Zip: WEST PALM BEACH, FL 33416

Title: D  
Name: ALLEN, ANTHONY DR.  
Address: 7060 OLD ORCHARD WAY  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D  
Name: OWENS, GINA  
Address: 2827 HELM COURT - APT #205  
City-St-Zip: LANTANA, FL 33462

Title: D  
Name: GERMINAL, VERONICA P  
Address: 316 NORTH H STREET, APT. #1  
City-St-Zip: LAKE WORTH, FL 33460

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: DOROTHY GAY

P

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date