

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 16, 2010
Secretary of State

Entity Name: ALL PURPOSE LIFESKILLS, INC.

Current Principal Place of Business:

4801 SOUTH UNIVERSITY DRIVE
SUITE 254
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

ALL PURPOSE LIFESKILLS, INC.
P O BOX 84 8805
PEMBROKE PINES, FL 33084

New Mailing Address:

4801 SOUTH UNIVERSITY DR.
SUITE # 254
DAVIE, FL 33328

FEI Number: 13-4321644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOEBELENZ, ELLEN
1958 NW 79TH WAY
PEMBROKE PINES, FL 33024 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: CEO
Name: LOEBELENZ, ELLEN
Address: 1958 NW 79 WAY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T
Name: GROSS, ROBERT
Address: 1000 RIVER REACH
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: S
Name: WIGZELL, RICHARD
Address: 5200 MAVERICK DRIVE
City-St-Zip: AUSTIN, TX 78727

Title: P
Name: COMBEST, PHILIP
Address: 2101 S.W. 119TH AVE
City-St-Zip: MIRAMAR, FL 33025

Title: D
Name: DIERSING, SHERYL
Address: 1504 BAY ROAD, #2511
City-St-Zip: MIAMI BEACH, FL 33139 US

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: ELLEN LOEBELENZ

CEO

02/16/2010

Electronic Signature of Signing Officer or Director

Date