

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001904

FILED  
Jan 03, 2011  
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:**

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

**New Mailing Address:**

4801 SOUTH UNIVERSITY DRIVE  
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

01/03/2011

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

\_\_\_\_\_  
Date