

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002511

FILED  
May 02, 2007  
Secretary of State

**Entity Name:** LIFE SKILLS CENTER - LEON COUNTY, INC.

**Current Principal Place of Business:**

324 N. ADMAS STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

324 N. ADMAS STREET  
TALLAHASSEE, FL 32301

**New Mailing Address:**

4433 MARCHMONT BLVD  
LAND O LAKES, FL 34638

**FEI Number:** 20-5002059      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

WOOLLEY, WILLIAM M  
4009 MCLEOD DRIVE  
TALLAHASSEE, FL 32303      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: WOOLLEY, WILLIAM M  
Address: 4009 MCLEOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: V      ( ) Delete  
Name: DAVIS, MICHAEL J  
Address: 3674 LAKE CHARLES DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T      ( ) Delete  
Name: THORNTON, GLENDA L  
Address: 106 E. COLLEGE AVENUE, STE 900  
City-St-Zip: TALLAHASSEE, FL 32301

Title: S      ( ) Delete  
Name: SMITH, ROBERT D  
Address: 2735 DEBORAH DRIVE  
City-St-Zip: TALLAHASSEE, FL 32310

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: WILLIAMS, ALAN  
Address: 1201 STONY CREEK WAY  
City-St-Zip: TALLAHASSEE, FL 32317

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: WILLIAM WOOLLEY

P

05/02/2007

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

\_\_\_\_\_  
Date