

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90152 008 \*\*\*\*61.25

**DOCUMENT # N06000002511**

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



Principal Place of Business  
**324 N. ADAMS STREET  
TALLAHASSEE, FL 32301**

Mailing Address  
**4433 MARCHMONT BLVD  
LAND O LAKES, FL 34638**

60001000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-5002059**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOLLEY, WILLIAM M  
4009 MCLEOD DRIVE  
TALLAHASSEE, FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME WOOLLEY, WILLIAM M  
STREET ADDRESS 4009 MCLEOD DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE V ☐ Delete  
NAME DAVIS, MICHAEL J  
STREET ADDRESS 3674 LAKE CHARLES DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE T ☐ Delete  
NAME THORNTON, GLENDA L  
STREET ADDRESS 106 E. COLLEGE AVENUE, STE 900  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE S ☒ Delete  
NAME SMITH, ROBERT D  
STREET ADDRESS 2735 DEBORAH DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE D ☐ Delete  
NAME WILLIAMS, ALAN  
STREET ADDRESS 1201 STONY CREEK WAY  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Change ☒ Addition  
NAME Laura E. Bedard, PhD  
STREET ADDRESS 3057 TIPPERARY DR.  
CITY-ST-ZIP Tallahassee, FL 32309

TITLE D ☐ Change ☒ Addition  
NAME Wash Anderson  
STREET ADDRESS 4750 Planters Ridge Dr.  
CITY-ST-ZIP Tallahassee, FL 32311

TITLE D ☐ Change ☒ Addition  
NAME Charles Sanders  
STREET ADDRESS 309 Sweet briar Dr  
CITY-ST-ZIP Tallahassee, FL 32312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-08 800-339-5786