2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002511

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

FILED Apr 30, 2009 Secretary of State

Current Dringing Blood of Business				New Principal Place of Business:				
Current Principal Place of Business: New Principal Place of Business: 324 N. ADMAS STREET TALLAHASSEE, FL 32301								
Current Mailing Address:				New Mailing Address:				
4433 MARCHMONT BLVD LAND O LAKES, FL 34638				2500 METROCENTRE BLVD. SUITE 500 WEST PALM BEACH, FL 33407				
FEI Number: 20-5002059 FEI Number Applied For () FEI Num				nber Not Applicable () Certificate of Status Desired (X)				
Name and Address of Current Registered Agent: Name					me 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:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$				
Title: Name: Address: City-St-Zip:	P () Delete WOOLLEY, WILLIAM M 4009 MCLEOD DRIVE TALLAHASSEE, FL 32303			Title: Name: Address: City-St-Zip:	() Change()Additio	on	
Title: Name: Address: City-St-Zip:	V () D DAVIS, MICHAEL 3674 LAKE CHAR TALLAHASSEE, F	J LES DRIVE		Title: Name: Address: City-St-Zip:	V (X SANDERS, CH 309 SWEETBR TALLAHASSEE	RIAR DRIVE	on	
Title: Name: Address: City-St-Zip:	T () Delete THORNTON, GLENDA L 106 E. COLLEGE AVENUE, STE 900 TALLAHASSEE, FL 32301			Title: Name: Address: City-St-Zip:	() Change ()Additio	on	
Title: Name: Address: City-St-Zip:	S () Delete BEDARD, LAURA E PHD 3057 TIPPERARY DRIVE TALLAHASSEE, FL 32309			Title: Name: Address: City-St-Zip:	() Change () Addition			
Title: Name: Address: City-St-Zip:	D () D WILLIAMS, ALAN 1201 STONY CRE TALLAHASSEE, F			Title: Name: Address: City-St-Zip:	ANDERSON, W	RS RIDGE DRIVE	on	
Title: Name: Address: City-St-Zip:	() D	elete		Title: Name: Address: City-St-Zip:	,		on	

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 M. WOOLLEY P 04/30/2009