## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002511

Feb 15, 2011 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

324 N. ADMAS STREET TALLAHASSEE, FL 32301

**Current Mailing Address: New Mailing Address:** 

2500 METROCENTRE BLVD. SUITE 500 WEST PALM BEACH, FL 33407

FEI Number: 20-5002059 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

WOOLLEY, WILLIAM M 4009 MCLÉOD 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:**

WOOLLEY, WILLIAM M Name: Address: 4009 MCLEOD DRIVE City-St-Zip: TALLAHASSEE, FL 32303

Title:

Name: SANDERS, CHARLES Address: 309 SWEETBRIAR DRIVE City-St-Zip: TALLAHASSEE, FL 32312

Title: DT

THORNTON, GLENDA L Name:

106 E. COLLEGE AVENUE, STE 900 Address:

City-St-Zip: TALLAHASSEE, FL 32301

Title:

Name: JON, DALTON DR. Address: 2917 LASSWADE DRIVE City-St-Zip: TALLAHASSEE, FL 32312

Title:

GRADY, GREGORY Name:

5975 BUTTON WILLOW LANE Address: City-St-Zip: TALLAHASSEE, FL 32305

Title:

HAWKINS, JUDITH W JUDGE Name: Address: 301 S. MONROE STREET TALLAHASSEE, FL 32301 City-St-Zip:

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.

**PRES** SIGNATURE: WILLIAM WOOLLEY 02/15/2011