

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003750

FILED
May 02, 2007
Secretary of State

Entity Name: LIFE SKILLS CENTER OPA LOCKA, INC.

Current Principal Place of Business:

3400 NW 135TH STREET
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

10150 HIGHLAND MANOR DRIVE
SUITE 200
TAMPA, FL 33610

New Mailing Address:

4433 MARCHMONT BLVD
LAND O LAKES, FL 34638

FEI Number: 20-4969491 **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:

SCHOENBERG, KATHLEEN
3801 SABAL LAKES RD
DELRAY BEACH, FL 33445 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: P () Delete
Name: BOWER, ALICIA
Address: 11828 SW 77TH TERRACE
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: MCMILLION, DANNIE
Address: 4420 NW 176TH STREET
City-St-Zip: MIAMI GARDENS, FL 33055

Title: T () Delete
Name: LOREDO, JOSE
Address: 100 SE SECOND STREET
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: BERRIN, RISA
Address: 1504 BAY ROAD, APT 204
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Delete
Name: SALVADOR, JUDY
Address: 151 NE 93RD STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: D (X) Delete
Name: PERLMETER, HUNTER
Address: 6001 SW 70TH STREET, APT 630
City-St-Zip: MIAMI, FL 33134

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: S (X) Change () Addition
Name: SALVADOR, JUDY
Address: 151 NE 93RD STREET
City-St-Zip: MIAMI SHORES, FL 33138

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

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

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: ALICIA RODRIGUEZ BOWER

P

05/02/2007

Electronic Signature of Signing Officer or Director

Date