

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90240 007 ****61.25

DOCUMENT # N06000003750

1. Entity Name
LIFE SKILLS CENTER OPA LOCKA, INC.



Principal Place of Business
3400 NW 135TH STREET
OPA LOCKA, FL 33054

Mailing Address
4433 MARCHMONT BLVD
LAND O LAKES, FL 34638



01192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4969491

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOENBERG, KATHLEEN
3801 SABAL LAKES RD
DELRAY BEACH, FL 33445

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOWER, ALICIA
STREET ADDRESS	11828 SW 77TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	MCMILLION, DANNIE
STREET ADDRESS	4420 NW 176TH STREET
CITY-ST-ZIP	MIAMI GARDENS, FL 33055
TITLE	T
NAME	LOREDO, JOSE
STREET ADDRESS	100 SE SECOND STREET
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	SALVADOR, JUDY
STREET ADDRESS	151 NE 93RD STREET
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	D
NAME	REGGIE LEWIS
STREET ADDRESS	9907 RED HEART LANE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Alicia R Bower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

Daytime Phone #