

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003750

**FILED**  
**Mar 30, 2011**  
**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:**

2500 METROCENTRE BLVD.  
SUITE 5  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:** 20-4969491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DEAL, TONYA  
2500 METROCENTRE BLVD.  
SUITE 5  
WEST PALM BEACH, FL 33407 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:** PD  
**Name:** LEWIS, REGGIE R DR.  
**Address:** 9901 RED HEART LANE  
**City-St-Zip:** TAMARAC, FL 33321

**Title:** VD  
**Name:** MCMILLION, DANNIE  
**Address:** 4420 NW 176TH STREET  
**City-St-Zip:** MIAMI GARDENS, FL 33055

**Title:** TD  
**Name:** LOREDO, JOSE  
**Address:** 100 SE SECOND STREET  
**City-St-Zip:** MIAMI, FL 33131

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.

**SIGNATURE:** DR. REGGIE R. LEWIS

PRES

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date