

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011420

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** FAMILY LIFE SKILLS, INC.

**Current Principal Place of Business:**

12700 W BROWARD BLVD  
PLANTATION, FL 333252308

**New Principal Place of Business:**

**Current Mailing Address:**

12700 W BROWARD BLVD  
PLANTATION, FL 333252308

**New Mailing Address:**

**FEI Number:** 59-0865845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WISE, NORM R  
12700 W BROWARD BLVD  
PLANTATION, FL 333252308 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  
Name: WISE, NORM R  
Address: 12700 W BROWARD BLVD  
City-St-Zip: PLANTATION, FL 333252308

Title: V  
Name: DOAN, STEVE  
Address: 12700 W BROWARD BLVD  
City-St-Zip: PLANTATION, FL 333252308

Title: SEC  
Name: CHAVEZ, LAZARO  
Address: 12700 W BROWARD BLVD  
City-St-Zip: PLANTATION, FL 333252308

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: NORM R WISE

P

01/19/2010

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

\_\_\_\_\_  
Date