

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002025

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE SKILLS CENTER, INC.

Current Principal Place of Business:

5470 E BUSCH BLVD #132
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

5470 E BUSCH BLVD #132
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 26-0631467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTS, CELESTE
4218 FORESTER LANE
TAMPA, FL 33618 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: ROBERTS, CELESTE
Address: 4218 FORESTER LANE
City-St-Zip: TAMPA, FL 33618

Title: V () Delete
Name: WARD, CHRIS
Address: 3410 CORNWALL DRIVE #102
City-St-Zip: RIVERVIEW, FL 33569

Title: V (X) Delete
Name: ARROYO, JOHN
Address: 4418 BARNSTEAD DRIVE
City-St-Zip: RIVERVIEW, FL 33569

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:

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: CELESTE ROBERTS

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date