

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002025

**FILED**  
**Apr 20, 2012**  
**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 ( )**

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

ROBERTS, CELESTE  
5470 E. BUSCH BLVD #132  
TAMPA, FL 33617 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:** ROBERTS, CELESTE  
**Address:** 5470 E. BUSCH BLVD #132  
**City-St-Zip:** TAMPA, FL 33617

**Title:** V  
**Name:** WARD, CHRIS  
**Address:** 5470 E. BUSCH BLVD #132  
**City-St-Zip:** TAMPA, FL 33617

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:** CELESTE ROBERTS

PRES

04/20/2012

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

\_\_\_\_\_  
Date