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Secretary of State
05-01-2008 90240 010 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

66014186

DOCUMENT # N07000007297

1. Entity Name
LIFE SKILLS CENTER - ORANGE COUNTY, INC.

Principal Place of Business	Mailing Address
4526 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32839	4433 MARCHMONT BLVD LAND O LAKES, FL 34638

01192008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0582247 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANG, THOMAS C/O SHUFFIELD LOWMAN 1000 LEGION PLACE, STE 1000 ORLANDO, FL 32801	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SUTHERLAND, LINDA 1911 MAPLEWOOD DRIVE ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEFFRIE SMITH 1008 BRADFORD DRIVE WINTER PARK, FL 32792	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV COLE, ART 103 LIONAL AVENUE ORLANDO, FL 32805	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARY JANE SEWELL 1601 SOUTH EOLA DRIVE ORLANDO, FL 32806	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS POLAN, MICHAEL 821 S. LAKE PLEASANT ROAD APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUDIE STONE 533 PETERSON PLACE ORLANDO, FL 32805	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BAILEY, MARY 2411 SEABREEZE COURT ORLANDO, FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARGE LABARGE P.O. BOX 896 WINDERMERE, FL 34786	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARMEN de GARCIA 10269 ANDROVER POINT CIRCLE ORLANDO, FL 32825	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Linda Sutherland 4/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #