

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007297

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

4526 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

4433 MARCHMONT BLVD
LAND O LAKES, FL 34638

New Mailing Address:

2500 METROCENTRE BLVD.
SUITE 500
WEST PALM BEACH, FL 33407

FEI Number: 20-0582247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANG, THOMAS
C/O SHUFFIELD LOWMAN
1000 LEGION PLACE, STE 1000
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

DEAL, TONYA A
2500 MERTOCENTRE BLVD.
SUITE 500
WEST PALM BEACH, FL 33407 US

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: TONYA A. DEAL

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SUTHERLAND, LINDA
Address: 1911 MAPLEWOOD DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: DTS () Delete
Name: POLAN, MICHAEL
Address: 821 S. LAKE PLEASANT ROAD
City-St-Zip: APOPKA, FL 32703

Title: DV () Delete
Name: BAILEY, MARY
Address: 2411 SEABREEZE COURT
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: SMITH, JEFFRIE
Address: 1008 BRADFORD DR
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: SEVICK, MARY JANE
Address: 1601 S EOLA DR
City-St-Zip: ORLANDO, FL 32806

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: POLAN, MICHAEL
Address: 821 S. LAKE PLEASANT ROAD
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change () Addition
Name: BAILEY, MARY
Address: 2411 SEABREEZE COURT
City-St-Zip: ORLANDO, FL 32805

Title: D (X) Change () Addition
Name: STONE, HUDIE
Address: 533 PETERSON PLACE
City-St-Zip: ORLANDO, FL 32805

Title: D (X) Change () Addition
Name: DE GARCIA, CARMEN
Address: 10269 ANDOVER POINT CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: D (X) Change () Addition
Name: HARGETT, JEFFREY
Address: 1020 SOUTHERN OAK LANE
City-St-Zip: APOPKA, FL 32712

Title: D () Change (X) Addition
Name: LAGUARDIA, ADA DR.
Address: 10137 ANDOVER POINT CIRCLE
City-St-Zip: ORLANDO, FL 32825

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: MICHAEL POLAN

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date