

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

DOCUMENT# N07000007298

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** LIFE SKILLS CENTER - POLK COUNTY EAST, INC.

**Current Principal Place of Business:**

7500 CYPRESS GARDENS BLVD.  
WINTERHAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

2500 METROCENTRE BLVD., SUITE 5  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:** 26-0581783

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DEAL, TONYA A  
2500 METROCENTRE BLVD., SUITE 5  
WEST PALM BEACH, FL 33407 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: DP  
Name: MOSES, DAMIEN  
Address: 745 EAST CHURCH STREET  
City-St-Zip: BARTOW, FL 33830

Title: DT  
Name: DOLLISON, VALERIE  
Address: 2010 BUCKEYE ROAD  
City-St-Zip: WINTERHAVEN, FL 33881

Title: DS  
Name: LUNSFORD, THOMAS J  
Address: 3733 PAULA COURT  
City-St-Zip: LAKE LAND, FL 33812

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: DAMIEN MOSES

PRES

01/08/2010

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

\_\_\_\_\_  
Date