

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007298

FILED  
Apr 26, 2011  
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: DVP  
Name: DOLLISON, VALERIE  
Address: 2010 BUCKEYE ROAD  
City-St-Zip: WINTER HAVEN, FL 33881

Title: DS  
Name: LUNSFORD, THOMAS J  
Address: 2350 MAMMOTH GROVE ROAD  
City-St-Zip: LAKE WALES, FL 33898

Title: D  
Name: BECKETT, JAMIE  
Address: 809 FOXBORO SW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D  
Name: TINSLEY, SERETHA S  
Address: 7500 CYPRESS GARDENS BLVD.  
City-St-Zip: WINTER HAVEN, FL 33884

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: VALERIE DOLLISON

VP

04/26/2011

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

\_\_\_\_\_  
Date