2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N08000002087

Entity Name: ADOLESCENT LIFE COACHING CENTER, INC.

Current Principal Place of Business:

853 STATE ROAD STE 133
CASSELBERRY, FL 32792

New Principal Place of Business:

Current Mailing Address:

853 STATE ROAD STE 133
CASSELBERRY, FL 32792

New Mailing Address:

FEI Number: 26-1696649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYDE, FRANCES
853 STATE ROAD STE 133
CASSELBERRY, FL 32792 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: D ( ) Delete
Name: BOYDE, FRANCES
Address: 1762 WEST CHERRY DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: RIVERA, JOEEL A
Address: 853 SEMORAN BLVD STE 133
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BOYDE, FRANCES
Address: 1752 WEST CHERYL DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: D (X) Change ( ) Addition
Name: SMITH, NATALIE P
Address: 1450 LANCELOT WAY
City-St-Zip: CASSELBERRY, FL 32707

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: FRANCES BOYDE D 01/08/2009

Electronic Signature of Signing Officer or Director — Date