

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000688

FILED
Sep 02, 2006
Secretary of State

Entity Name: L.A. SOCIAL SERVICE CENTER, INC.

Current Principal Place of Business:

#9 BETH STACEY BLVD.
SUITE 203
LEHIGH ACRES, FL 33936

New Principal Place of Business:

502 EMPIRE AVE. S
LEHIGH ACRES, FL 33936

Current Mailing Address:

P.O. BOX 1301
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 65-0643862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOEHLE, LISA J
502 EMPIRE AVE S
LEHIGH ACRES, FL 33936 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: O'BRIAN, PAM
Address: 1251 BUSINESS WAY
City-St-Zip: LEHIGH ACRES, FL 33936

Title: BM (X) Delete
Name: GANCHOW, CAROLYN
Address: 2610 ELVA PL
City-St-Zip: LEHIGH, FL 33936

Title: BM (X) Delete
Name: WELCH, MICHAEL
Address: 1923 GOLFSIDE VILLAGE DR
City-St-Zip: LEHIGH, FL 33972

Title: D (X) Delete
Name: BUFF, MICHAEL
Address: PO BOX 278
City-St-Zip: ALVA, FL 33902

Title: BM (X) Delete
Name: HACKMEISTER, MARY ANN
Address: 5211 WILLOW CT
City-St-Zip: CAPE CORAL, FL 33904

Title: BM (X) Delete
Name: MAST, CARL
Address: 30 DAWN FLOWER CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOEHLE, LISA
Address: 502 EMPIRE AVE. S
City-St-Zip: LEHIGH ACRES, F 33936

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA J. GOEHLE

ED

09/02/2006

Electronic Signature of Signing Officer or Director

Date