

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002025

**Entity Name:** THE SKILLS CENTER, INC.

**Current Principal Place of Business:**

5107 N. 22ND STREET  
TAMPA, FL 33610

**Current Mailing Address:**

5470 E BUSCH AVENUE  
132  
TAMPA, FL 33617 US

**FEI Number:** 26-0631467

**Certificate of Status Desired:** Yes

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

ROBERTS, CELESTE  
5470 E. BUSCH BLVD.  
132  
TAMPA, FL 33617 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

**Officer/Director Detail :**

Title	P	Title	VP
Name	ROBERTS, CELESTE	Name	WARD, CHRIS
Address	5470 E. BUSCH BLVD 132	Address	5470 E. BUSCH BLVD 132
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	TAMPA FL 33617
Title	SECRETARY		
Name	ARROYO, JOHN		
Address	5470 E. BUSCH BLVD		
City-State-Zip:	TAMPA FL 33617		

*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:** CELESTE ROBERTS

**PRESIDENT**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date