

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002025

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

**Current Principal Place of Business:**

5001 N. NEBRASKA AVENUE  
SUITE A  
TAMPA, FL 33603

**Current Mailing Address:**

5001 N. NEBRASKA AVENUE  
SUITE A  
TAMPA, FL 33603 US

**FEI Number:** 26-0631467

**Certificate of Status Desired:** No

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

ROBERTS, CELESTE  
5001 N. NEBRASKA AVENUE  
SUITE A  
TAMPA, FL 33603 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  
Name ROBERTS, CELESTE  
Address 5001 N. NEBRASKA AVENUE  
SUITE A  
City-State-Zip: TAMPA FL 33603

Title VP  
Name WARD, CHRIS  
Address 5001 N. NEBRASKA AVENUE  
SUITE A  
City-State-Zip: TAMPA FL 33603

Title SECRETARY  
Name ARROYO, JOHN  
Address 5001 N. NEBRASKA AVENUE  
SUITE A  
City-State-Zip: TAMPA FL 33603

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**

**04/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date