

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N00000003193

**Entity Name:** SECOND CHANCE LIFE SKILLS, INC.

**Current Principal Place of Business:**

1700 34TH STREET SO.  
SAINT PETERSBURG, FL 33711

**Current Mailing Address:**

1700 34TH STREET SOUTH  
ST PETERSBURG, FL 33711 US

**FEI Number:** 59-3650170

**Certificate of Status Desired:** Yes

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

GRAHAM, AL EXECUTIVE DIR  
1700 34TH STREET SOUTH  
ST PETERSBURG, FL 33711 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:** AL GRAHAM

06/18/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO, EXECUTIVE DIRECTOR

Name GRAHAM, ALFRED DIR.

Address 5521 BAY BLVD  
201

City-State-Zip: PORT RICHEY FL 34668

Title OFFICER

Name NORRIS-JONES, LORI K

Address 1415 GOLDEN SQUIRREL WAY

City-State-Zip: SEFFNER FL 33584

Title D

Name SHORTER, JEFFREY JR DIRECTOR

Address 1700 34TH STREET SOUTH

City-State-Zip: ST PETERSBURG FL 33711

Title SECRETARY

Name BROWN, CHRISTINA

Address 1730 54 TERR. S. APPT. B

City-State-Zip: SAINT PETERSBURG FL 33712

*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:** ALFRED GRAHAM

EXECUTIVE DIRECTOR

06/18/2021

Electronic Signature of Signing Officer/Director Detail

Date