

2016 FLORIDA NOT FOR PROFIT CORPORATION 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:**321 42ND AVENUE
SAINT PETERSBURG, FL 33705 US**FEI Number:** 59-3650170**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHORTER, JEFFERY L DIR
321 42ND AVENUE SOUTH
SAINT PETERSBURG, FL 33705 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 CEO
Name SHORTER, JEFFREY L DIR.
Address 321 42ND AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33705

Title D
Name GRAHAM, AL M
Address 8653 JOURNET BLVD
City-State-Zip: PORT RICHEY FL 34668

Title OFFICER
Name SEABROOK, LORI K
Address 1415 GOLDEN SQUIRREL WAY
City-State-Zip: SEFFNER FL 33584

Title SECRETARY
Name BROWN, CHRISTINA
Address 1730 54 TERR. S. APPT. B
City-State-Zip: SAINT PETERSBURG FL 33712

Title ASST. TREASURER
Name COLLINS, DONALD
Address 32 21ST STREET N
City-State-Zip: ST. PETERSBURG FL 33713

Title OFFICER
Name MCDONALD, RONALD
Address 4522 W VILLAGE DR
154
City-State-Zip: TAMPA FL 33624

Title OFFICER
Name JONES, MALACHAI
Address 2531 COLUMBUS WAY S
City-State-Zip: ST. 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: JEFFREY L. SHORTER

CEO

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date