

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 03, 1999 8:00 am**  
**Secretary of State**

09-03-1999 90002 030 \*\*\*\*61.25

**DOCUMENT # F98000001815**

1. Corporation Name

**21ST CENTURY LIFE SKILLS, INC.**

Principal Place of Business  
**2520 SW DANBURY LANE  
PALM CITY FL 34990**

Mailing Address  
**2520 SW DANBURY LANE  
PALM CITY FL 34990**

6 612317-90002-30 7 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/30/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		11-3368760	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAMBERS, JOSEPH P JR.  
2520 SW DANBURY LANE  
PALM CITY FL 34990**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typ printed name of registered agent and title if appl

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	CPT	1.1 TITLE	V.
NAME	CHAMBERS, JOSEPH P JR.	1.2 NAME	FELDMAN, ARTHUR
STREET ADDRESS	2520 SW DANBURY LANE	1.3 STREET ADDRESS	175 S.E. ST. LUCIE BLVD.
CITY-ST-ZIP	PALM CITY FL 34990	1.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	CV	2.1 TITLE	V.
NAME	CHAMBERS, KENNETH A	2.2 NAME	HANDSHAW, GORDON
STREET ADDRESS	1546 AUGUST RD.	2.3 STREET ADDRESS	92 HENEARLY DR.
CITY-ST-ZIP	BABYLON NY 11703	2.4 CITY-ST-ZIP	MILLER PL., N.Y. 11764
TITLE	D	3.1 TITLE	
NAME	MUSUMECI, FATHER JAMES	3.2 NAME	
STREET ADDRESS	ST. MEL'S PARISH, 28-20 154TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLUSHING NY 11354	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	ANDERSON, KATHY A	4.2 NAME	
STREET ADDRESS	58 PENNY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ISLIP NY 11795	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)