

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90009 024 \*\*\*\*61.25

**DOCUMENT # N00000003193**

1. Entity Name

SECOND CHANCE LIFE SKILLS, INC.



Principal Place of Business

1700 34TH STREET SO.  
SAINT PETERSBURG FL 33711

Mailing Address

1700 34TH STREET SO.  
SAINT PETERSBURG FL 33711

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3650170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOYKINS, EZELL JR.  
3166 FREEMONT TERRACE SOUTH  
ST. PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name: Jeffrey Shorter

Street Address (P.O. Box Number is Not Acceptable)  
321 42nd Avenue South

City St. Petersburg **FL** Zip Code 33705

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/26/04

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SHORTER, WILLIE M  
STREET ADDRESS 321 42ND AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE D ☒ Delete  
NAME BOYKINS, EZELL JR.  
STREET ADDRESS 3166 FREMONT TERRACE  
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE D ☐ Delete  
NAME FLOWERS, TREENA  
STREET ADDRESS 330 45TH AVENUE SOUTH, APT. 3  
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE D ☐ Delete  
NAME SEABROOK, LORI K  
STREET ADDRESS 730 61 - AVENUE SO.  
CITY-ST-ZIP SAINT PETERSBURG FL 33705

TITLE D ☐ Delete  
NAME WALKER, TINA  
STREET ADDRESS 1001 62ND TERRACE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition  
NAME Jeffrey Shorter  
STREET ADDRESS 321 42nd Avenue South  
CITY-ST-ZIP St. Petersburg, FL 33705

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Christina Brown  
STREET ADDRESS 917 Tenth St South  
CITY-ST-ZIP St. Petersburg, FL 33705

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Jeffrey Shorter 7/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #