

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000001700 (4)**

1. Corporation Name

**LIFE SKILLS FOUNDATION, INC.**



Principal Place of Business

**4320 W KENNEDY BLVD  
TAMPA FL 33609**

Mailing Address

**4320 W KENNEDY BLVD  
TAMPA FL 33609**

3. Date Incorporated or Qualified

**04/16/1993**

3a. Date of Last Report

**03/23/1995**

4. FEI Number

**59-3176363**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes ☐ No

9. Name and Address of Current Registered Agent

**WALTER, JAMES W JR.  
4320 W KENNEDY BLVD  
TAMPA FL 33609**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD  
WALTER, JAMES W JR.  
STREET ADDRESS 4320 W. KENNEDY BLVD.  
CITY - ST - ZIP TAMPA FL**

TITLE ☐ DELETE

NAME **PTD  
RUSH, CECIL C JR.  
STREET ADDRESS 4009 DELEON ST.  
CITY - ST - ZIP TAMPA FL**

TITLE ☐ DELETE

NAME **SD  
WALTER, ROBERT A  
STREET ADDRESS 4938 ST. CROIX  
CITY - ST - ZIP TAMPA FL**

TITLE ☐ DELETE

NAME **D  
BROWN, ABRAHAM R  
STREET ADDRESS 2921 29TH STREET  
CITY - ST - ZIP TAMPA FL**

TITLE ☐ DELETE

NAME **D  
COOPER, BENNETT J  
STREET ADDRESS 150 BROOKSIDE OVAL  
CITY - ST - ZIP WORTHINGTON OH**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **D  
Dayle, Dennis  
1.3 STREET ADDRESS 1214 St. Tropez Circle  
1.4 CITY - ST - ZIP Orlando, FL 32806**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Cecil C. Rush, Jr., Pres.**

Date

**4/22/96**

**813-282-8814**

Daytime Phone #

CR2E037 (12/95)