

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90140 036 ****70.00

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DOCUMENT # N93000001700

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/16/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3176363	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DAYLE, DENNIS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1214 ST TOPEZ CIRCLE	1.2 NAME	
STREET ADDRESS	ORLANDO FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PTD RUSH, CECIL C JR.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4009 DELEON ST.	2.2 NAME	
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD WALTER, ROBERT A	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4938 ST. CROIX	3.2 NAME	
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BROWN, ABRAHAM R	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2921 29TH STREET	4.2 NAME	
STREET ADDRESS	TAMPA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D COOPER, BENNETT J	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	150 BROOKSIDE OVAL	5.2 NAME	
STREET ADDRESS	WORTHINGTON OH	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	CD WALTER, JAMES W JR	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4320 W KENNEDY BLVD	6.2 NAME	
STREET ADDRESS	TAMPA FL	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 REQUIRED

4/14/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)