

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000001109

**Entity Name:** KITCH'N LYFE SKILLS, INC.

**Current Principal Place of Business:**

1008 COTTONWOOD STREET  
LEESBURG, FL 32748

**Current Mailing Address:**

1008 COTTONWOOD STREET  
LEESBURG, FL 32748 US

**FEI Number: 81-1444813**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BROWN CARTER, ZE'SHIECA  
1008 COTTONWOOD STREET  
LEESBURG, FL 32748 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 P  
Name BROWN CARTER, ZE'SHIECA  
Address 1008 COTTONWOOD STREET  
City-State-Zip: LEESBURG FL 32748

Title SECRETARY  
Name WILLIAMS, JOY  
Address 1008 COTTONWOOD STREET  
City-State-Zip: LEESBURG FL 32748

Title T  
Name NEAL, DIETRICH  
Address 15741 STUCKEY LOOP  
City-State-Zip: GROVELAND FL 34736

Title VP  
Name CARTER JR, LENNARD A  
Address 1008 COTTONWOOD STREET  
City-State-Zip: LEESBURG FL 32748

*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: ZE'SHIECA BROWN CARTER**

**PRESIDENT**

**03/20/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date