2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2009
Secretary of State

DOCUMENT# N95000004556

Entity Name: SECOND CHANCE RESOURCE CENTER, INC.

Current Principal Place of Business:

750 S. ORANGE BLOSSOM TRAIL
SUITE 226
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

399 RAILROAD AVE
WINTER GARDEN, FL 34787

New Mailing Address:

PO BOX 555058
ORLANDO, FL 328555058

FEI Number: 59-3458402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LYLES, SHARON
399 RAILROAD AVE
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: LYLES, SHARON
Address: 399 RAILROAD AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP ( ) Delete
Name: GABRIELLE, RANDLE
Address: POST OFFICE BOX 682945
City-St-Zip: ORLANDO, FL 34787

Title: S ( ) Delete
Name: STEVENSON, SHERIAN
Address: 1227 MERRIMACK DR
City-St-Zip: DAVENPORT, FL 33897

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LYLES, SHARON
Address: 399 RAILROAD AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: RODGERS, DIANA
Address: PO BOX 555058
City-St-Zip: ORLANDO, FL 328555058

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHARON LYLES P 09/12/2009
Electronic Signature of Signing Officer or Director — Date