

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007512

FILED  
Jul 17, 2006  
Secretary of State

Entity Name: 2ND CHANCE FOUNDATION INC.

## Current Principal Place of Business:

504-H CAMINO REAL CT  
BRANDON, FL 33510

## New Principal Place of Business:

## Current Mailing Address:

504-H CAMINO REAL CT  
BRANDON, FL 33510

## New Mailing Address:

FEI Number: 20-2847604      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

MCKENZIE, DARWIN D  
504-H CAMINO REAL CT  
BRANDON, FL 33510      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: DP      ( ) Delete  
Name: MCKENZIE, DARWIN D  
Address: 504-H CAMINO REAL CT  
City-St-Zip: BRANDON, FL 33510

Title: DV      ( ) Delete  
Name: MCKENZIE, EDDIE L  
Address: 7715 WINGING WAY  
City-St-Zip: TAMPA, FL 33615

Title: DS      ( ) Delete  
Name: MCKENZIE, AWILDA  
Address: 504-H CAMINO REAL CT  
City-St-Zip: BRANDON, FL 33510

Title: DT      ( ) Delete  
Name: GRANT, TONYA  
Address: 2812 HAMPTON PLACE CT  
City-St-Zip: PLANT CITY, FL 33566

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV      (X) Change ( ) Addition  
Name: MCKENZIE, EDDIE L  
Address: 7715 WINGING WAY  
City-St-Zip: TAMPA, FL 33615

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DARWIN D MCKENZIE

DP

07/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date