

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004323

Entity Name: SECOND CHANCE SOCIETY, INC.**Current Principal Place of Business:**1835 SE 4TH AVENUE
FT LAUDERDALE, FL 33316**Current Mailing Address:**1835 SE 4TH AVENUE
FT LAUDERDALE, FL 33316 US**FEI Number:** 65-1118303**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**OWEN, PAT MS.
2100 S OCEAN DR, APT 17L
FT LAUDERDALE, FL 33316 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 PRESIDENT
Name OWEN, PAT P MS
Address 1835 SE 4TH AVENUE
City-State-Zip: FT LAUDERDALE FL 33316

Title CHAIRMAN
Name FORD, MARK MR
Address 2727 OAKBROOK LANE
City-State-Zip: WESTON FL 33332

Title VC
Name PRADO, MARTA MS
Address 949 S SOUTHLAKE DR
City-State-Zip: HOLLYWOOD FL 33019

Title TREASURER
Name COYLE, ROBERT MR
Address 1401 NE 14TH ST
City-State-Zip: FT. LAUDERDALE FL 33304

Title SECRETARY
Name READY, JEAN MS
Address 240 SW 19TH ST
City-State-Zip: FORT LAUDERDALE FL 33315

Title DIRECTOR
Name FERRELLI, MATT MR
Address 2224 NW 7TH AVENUE
City-State-Zip: WILTON MANORS FL 33311

Title DIRECTOR
Name O'LEARY, MICEAL MR
Address 13845 EMERSON STREET
 APT. 101
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR
Name SINGH, DILIP MR
Address 5771 NE 19TH TERRACE
City-State-Zip: FT. LAUDERDALE FL 33308

Continues on page 2

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: MARTA PRADO**VICE CHAIR****02/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JOHNSON, FRANKIE MS
Address 2200 S. OCEAN LANE
 APT. 1407
City-State-Zip: FORT LAUDERDALE FL 33316

Title DIRECTOR
Name SAISWICK, KIM MS
Address 4725 NORTH FEDERAL HWY
City-State-Zip: FT. LAUDERDALE FL 33308

Title DIRECTOR
Name WHITTINGTON, SHERI MS
Address 4600 N.E. 23RD AVENUE
City-State-Zip: FT. LAUDERDALE FL 33308