

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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: No

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	VC
Name	PRADO, MARTA MS
Address	800 FAIRVIEW DRIVE, SUITE #490
City-State-Zip:	DEERFIELD BEACH FL 33441
Title	SECRETARY
Name	READY, JEAN MS
Address	240 SW 19TH ST
City-State-Zip:	FORT LAUDERDALE FL 33315
Title	DIRECTOR
Name	O'LEARY, MICEAL MR
Address	1800 SOUTH OCEAN DRIVE APT. 403
City-State-Zip:	FT. LAUDERDALE FL 33316

Title	CHAIRMAN
Name	FORD, MARK MR
Address	2727 OAKBROOK LANE
City-State-Zip:	WESTON FL 33332
Title	TREASURER
Name	COYLE, ROBERT MR
Address	1401 NE 14TH ST
City-State-Zip:	FT. LAUDERDALE FL 33304
Title	DIRECTOR
Name	FERRELLI, MATT MR
Address	2224 NW 7TH AVENUE
City-State-Zip:	WILTON MANORS FL 33311
Title	DIRECTOR
Name	SINGH, DILIP MR
Address	5771 NE 19TH TERRACE
City-State-Zip:	FT. LAUDERDALE FL 33308

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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: PAT OWEN

**PRESIDENT/EXECUTIVE 07/25/2018
DIRECTOR**

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 2750 NE 19TH STREET
City-State-Zip: FT. LAUDERDALE FL 33305