oath; that I am an officer or director of the corporation or the receiver or trustee empowered to e		
above, or on an attachment with all other like empowered.		
SIGNATURE: HEIDI MCEARI ANE	AUTHORIZED	03/14/2018

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

#### SIGNATURE: HEIDI MCFARLANE

Electronic Signature of Signing Officer/Director Detail

# 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N0500001826

Entity Name: SECOND OPPORTUNITY MINISTRY II, INC

### **Current Principal Place of Business:**

5863 FAIRGREEN RD WEST PALM BEACH. FL 33417

# **Current Mailing Address:**

PO BOX 22127 WEST PALM BEACH, FL 33416

# FEI Number: 20-2378042

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

BLANFORD, YOLANDA M 5863 FAIRGREEN RD WEST PALM BEACH, FL 33417 US

Date

Certificate of Status Desired: Yes

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:

Officer/Director Detail :				
Title	DIRECTOR	Title	AUTHORIZED REPRESENTATIVE	
Name	BLANFORD, YOLANDA	Name	MCFARLANE, HEIDI DR.	
Address	5863 FAIRGREEN RD	Address	1655 PALM BEACH LAKES BLVD	
City-State-Zip:	WEST PALM BEACH FL 33417		SUITE 504C	
		City-State-Zip:	WEST PALM BEACH FL 33401	
Title	D			
Name	WILLIAMS, CLAUDIA			
Address	2518 TIMBER NORTH			
City-State-Zip:	WEST PALM BEACH FL 33409			

AUTHORIZED REPRESENTATIVE

Date