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: YOI ANDA BI ANFORD	PRESIDENT	04/01/2016	

SIGNATURE: YOLANDA BLANFORD

Electronic Signature of Signing Officer/Director Detail

Tit Na Ad Cit Tit WILLIAMS, CLAUDIA Name 2518 TIMBER NORTH Address City-State-Zip: WEST PALM BEACH FL 33409

Of

SIGNATURE:

	Electronic Signature of Registered Agent			
Officer/Director Detail :				
itle	D	Title	DIRECTOR	
lame	BLANFORD, YOLANDA	Name	MCFARLANE, HEIDI	
ddress	5863 FAIRGREEN RD	Address	1655 PALM BEACH LAKES BLV	
ity-State-Zip:	WEST PALM BEACH FL 33417	City-State-Zip:	WEST PALM BEACH FL 33404	
itle	D			

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.

Name and Address of Current Registered Agent:

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

5863 FAIRGREEN RD WEST PALM BEACH. FL 33417

DOCUMENT# N0500001826

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SECOND OPPORTUNITY MINISTRY II, INC

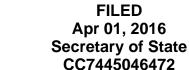
Current Principal Place of Business:

Current Mailing Address:

PO BOX 22127 WEST PALM BEACH, FL 33416

FEI Number: 20-2378042

Certificate of Status Desired: Yes



Date

Date

PRESIDENT