

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004963

**Entity Name:** 2ND CHANCE COUNSELING INC.

**Current Principal Place of Business:**

9485 REGENCY SQUARE BLVD  
SUITE 209  
JACKSONVILLE, FL 32225

**FILED**  
**Feb 22, 2015**  
**Secretary of State**  
**CC8736476505**

**Current Mailing Address:**

9485 REGENCY SQUARE BLVD  
209  
JACKSONVILLE, FL 32225 US

**FEI Number:** 20-1529791

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EDMONDSON, DERENDA D  
9485 REGENCY SQUARE BLVD  
209  
JACKSONVILLE, FL 32225 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 D  
Name HALL, JOYCE  
Address 9485 REGENCY SQUARE BLVD  
209  
City-State-Zip: JACKSONVILLE FL 32225

Title D  
Name EDMONDSON, WYLENE  
Address 9485 REGENCY SQUARE BLVD  
209  
City-State-Zip: JACKSONVILLE FL 32225

Title D  
Name EDMONDSON, DERENDA DR.  
Address 9485 REGENCY SQUARE BLVD  
209  
City-State-Zip: JACKSONVILLE FL 32225

*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: DR. DERENDA EDMONDSON**

**CEO**

**02/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date