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 sam	ne 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 Stat	tutes; and that my name appears
above, or on an attachment with all other like empowered.	

CEO

SIGNATURE: WILLIAM UMANSKY

ī

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent

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.

### **Officer/Director Detail :**

Title	DP	Title	D	
Name	UMANSKY, WILLIAM	Name	WEST, JIM	
Address	3799 CASSIA DR.	Address	1507 S. HIAWASSEE ROAD #101	
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	ORLANDO FL 32835	
Title	OFFICER			
Name	PAGE, WINNIE			
Address	6679 BOUGANVILLA CRESCENT DR.			
City-State-Zip:	ORLANDO FL 32809			

### FEI Number: 27-4252273

### Name and Address of Current Registered Agent:

UMANSKY, WILLIAM 3799 CASSIA DR ORLANDO, FL 32828 US

1945 E MICHIGAN ST

# **Current Mailing Address:**

1945 E MICHIGAN ST ORLANDO, FL 32806

ORLANDO, FL 32806

# 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SECOND CHANCE OF FLORIDA FOUNDATION, INC.

## DOCUMENT# N10000011325

**Current Principal Place of Business:** 

Certificate of Status Desired: No

01/09/2017

Date

Date

FILED Jan 09, 2017 Secretary of State CC9492728094