

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

DOCUMENT# N13000003602

**FILED**  
**May 06, 2015**  
**Secretary of State**  
**CC0459214857**

**Entity Name:** 2ND CHANCE DELIVERANCE MINISTRY INC

**Current Principal Place of Business:**

5863 SHERMAN DR  
MARIANNA, FL 32446

**Current Mailing Address:**

5863 SHERMAN DR  
MARIANNA, FL 32446 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

LLOYD, ERIC D SR  
5863 SHERMAN  
MARIANNA, FL 32446 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            LLOYD, ERIC DONYELL SR  
Address        5863 SHERMAN DR  
City-State-Zip: MARIANNA FL 32446

Title            DIRECTOR  
Name            BROWN            , PATRICIA A DR.  
Address        1611 GORDON ST  
City-State-Zip: BRUNSWICK GA 31520

Title            DIRECTOR  
Name            WRIGHT, IRIS C BISHOP  
Address        4303 HABERSHAM ST  
City-State-Zip: BRUNSWICK GA 31520

*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.ERIC DONYELL LLOYD SR.

**PRESIDENT**

**05/06/2015**

Electronic Signature of Signing Officer/Director Detail

Date