

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000007650

Entity Name: SECOND CHANCE STORY, INC.**Current Principal Place of Business:**12656 ASHGLEN DRIVE NORTH
JACKSONVILLE, FL 32224**Current Mailing Address:**12656 ASHGLEN DRIVE NORTH
JACKSONVILLE, FL 32224 US**FEI Number:** 82-2245151**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TROUTMAN, RYAN
12656 ASHGLEN DRIVE NORTH
JACKSONVILLE, FL 32224 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 DPTS
Name TROUTMAN, RYAN
Address 12656 ASHGLEN DRIVE NORTH
City-State-Zip: JACKSONVILLE FL 32224

Title D
Name SEALS, ALEXANDRA
Address 12656 ASHGLEN DRIVE NORTH
City-State-Zip: JACKSONVILLE FL 32224

Title D
Name MORRIS, CASEY DR.
Address 12656 ASHGLEN DR N
City-State-Zip: JACKSONVILLE FL 32224

Title D
Name MEDURI-TUCKER, ANNE M
Address 12656 ASHGLEN DRIVE NORTH
City-State-Zip: JACKSONVILLE FL 32224

Title D
Name SKIERSKI, QUINN
Address 12656 ASHGLEN DRIVE NORTH
City-State-Zip: JACKSONVILLE FL 32224

Title D
Name MARTIN, KATHY
Address 12656 ASHGLEN DR N
City-State-Zip: JACKSONVILLE FL 32224

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: RYAN TROUTMAN**PRESIDENT****04/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date