

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000007269

**Entity Name:** SECOND CHANCE OF ST. CLOUD, INC.

**Current Principal Place of Business:**

3435 13TH STREET  
BOX 13  
SAINT CLOUD, FL 34769

**Current Mailing Address:**

3435 13TH STREET  
BOX 13  
SAINT CLOUD, FL 34769 US

**FEI Number:** 87-1245767

**Certificate of Status Desired:** No

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

CLARKE, LINDA DUMAS  
3435 13TH STREET  
BOX 13  
SAINT CLOUD, FL 34769 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:** LINDA DUMAS CLARKE

02/13/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LUTHIE, JILL  
Address 4760 HIDDEN LANE  
City-State-Zip: SAINT CLOUD FL 34771

Title VP  
Name BARKLEY, DONNA M  
Address 1913 OAKVIEW CIRCLE  
City-State-Zip: SAINT CLOUD FL 34769

Title SEC  
Name CLARKE, LINDA D  
Address 5900 ALLIGATOR LAKE SHORE WEST  
City-State-Zip: SAINT CLOUD FL 34771

Title TRES  
Name CLARKE, LINDA D  
Address 5900 ALLIGATOR LAKE SHORE WEST  
City-State-Zip: SAINT CLOUD FL 34771

*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:** LINDA D CLARKE

**SECRETARY/TREASURER** 02/13/2024

Electronic Signature of Signing Officer/Director Detail

Date