2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F06000002362

1. Entity Name

SECOND CHANCE OUTREACH CENTER, INCORPORATED



FILED May 01, 2007 08:00 A Secretary of State

Principal Place of Business

1359 EDGEWOOD AVE DOUGLAS, GA 31533-4543 Mailing Address 15400 NW 18TH AVE MIAMI, FL 33054



DO NOT WRITE IN THIS SPACE

03302007 No Chg-NP CR2E037 (4/06)

Applied For 4. FEI Number 20-3050783 Not Applicable \$8.75 Additional 5. Certificate of Status Desired . Fee Required

6. Name and Address of Current Registered Agent

BROCK, PRESTON

DO NOT WRITE

	MIAMI, FL 33054			IN THIS SPACE		
the obligat	named enthy submits this statement for the	e purpose of changing its registere	od office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and		Agent signaturi	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan Trust Fund Contribution.	cing _	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DI	RECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BROCK, PRESTON 15400 NW 18TH AVE MIAMI, FL 33054					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVT LOTT, YVONNE 1359 EDGEWOOD AVE DOUGLAS, GA 315334543					
NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, GREGORY C 7335 WOOD DUCK RD JACKSONVILLE, FL 32244			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANCOCK, MARCUS 153 IVY LAKE CIR DOUGLAS, GA 31533			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S PEARSON, OLIVIA 614 ALTHEA RD OCILLA, GA 31774				000000752388 05/21/07-80014-014 61.25	
NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated	certify that the information supplied with the on this report or supplemental report is true.	s filing does not qualify for the exe ie and accurate and that my signati	mptions cours shall ha	ntained in Chapter 11 ve the same legal effe	9, Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director	

of the corporation of the receiver of trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE: TUBO (and T) LOCAL 04/30/07		
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR	Dale	Daytime Phone #