


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002364	
1. Entity Name SECOND CHANCE OUT REACH MINISTRIES, INC.	

Principal Place of Business 2887 BLDG B, WEST THARPE STREET TALLAHASSEE, FL 32303	Mailing Address 2887 BLDG B, WEST THARPE STREET TALLAHASSEE, FL 32303
---	---

2. Principal Place of Business - No P.O. Box # 1241 Airport DR. Suite, Apt. #, etc. Tallahassee FL	3. Mailing Address 1241 Airport DR Suite, Apt. #, etc. Tallahassee FL
---	--

City & State Tallahassee FL	City & State Tallahassee FL
--------------------------------	--------------------------------

Zip 32304	Country	Zip 32304	Country
--------------	---------	--------------	---------

6. Name and Address of Current Registered Agent PAYNE, TONYA 2312 VINCENT DR. TALLAHASSEE, FL 32303
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
--	---	--------------------------------	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
----------------------------	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PITTMAN, LARRY 2018 TRIMBLE RD. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PITTMAN, BETTY 2018 TRIMBLE RD. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAYNE, TONYA 2312 VINCENT DR. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, LINDA 207 ARDEN RD. TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
--	---------------------------------

FILED
2007 MAY -2 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Barcode: 05022007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3638344	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
--	---	--------------------------------	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
----------------------------	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PITTMAN, LARRY 2018 TRIMBLE RD. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PITTMAN, BETTY 2018 TRIMBLE RD. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAYNE, TONYA 2312 VINCENT DR. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, LINDA 207 ARDEN RD. TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
--	---------------------------------

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
--

SIGNATURE: <u>Tonya Payne</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>5/2/07</u> <small>Daytime Phone #</small>
--	---