

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006594

FILED
Mar 25, 2009
Secretary of State

Entity Name: SECOND CHANCE MINISTRIES, INC.

Current Principal Place of Business:

2724 COUNTRY CLUB RD.
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

3105 BLAINE CIRCLE
DELTONA, FL 32738

New Mailing Address:

FEI Number: 59-3667994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAINES, FLORENCE
3105 BLAINE CIRCLE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRADLEY, ARTHUR L
Address: 3105 BLAINE CIRCLE
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: BRADLEY, PATRICIA
Address: 3105 BLAINE CIRCLE
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: BELL, JUNE
Address: 516 OLD ENGLAND LOOP
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: HAYES, LOUISE
Address: 308 E. 5TH STREET
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: ROBERTS, BENJAMIN
Address: PO BOX 1272
City-St-Zip: SANFORD, FL 32772

Title: D () Delete
Name: REYNOLDS, LUCILLE
Address: 2548 CLAIRMONT AVE
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARTHUR BRADLRY

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date