

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2002 8:00 am
Secretary of State

05-21-2002 90890 038 ****61.25

DOCUMENT # N0000000 7556

1. Entity Name

SECOND CHANCE, INC.

DO NOT WRITE IN THIS SPACE

91816

2. Principal Place of Business

5739 ABELIARD

3. Mailing Address

PO BOX 40614

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

31-1755284

Applied For

Not Applicable

Zip

32209

Country

US

Zip

32203

Country

8. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TERRY D. WALKER-NEWMAN

Street Address (P.O. Box Number is Not Acceptable)

Same as before →
married now (was Samuel)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P, D
NAME	TERRY D. WALKER-NEWMAN
STREET ADDRESS	PO BOX 40614
CITY - ST - ZIP	JAX, FL 32203-0614
TITLE	VP
NAME	Dr. Ruth Britton
STREET ADDRESS	6137 Roundlake Rd N
CITY - ST - ZIP	Jacksonville, FL 32217
TITLE	Treas
NAME	Walker
STREET ADDRESS	1309 Magnolia Cir E
CITY - ST - ZIP	Jacksonville, FL 32211
TITLE	S
NAME	Guil Green
STREET ADDRESS	11515 Birch Forest Circle
CITY - ST - ZIP	Jacksonville, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Terry D Walker-Newman

CR2E037B (12/01)