


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90456 035 ****61.25

DOCUMENT # N01000000975 1. Entity Name SECOND CHANCE PROGRAM, INC.			
Principal Place of Business 140 ISLAND WAY #300 CLEARWATER, FL 33767		Mailing Address 8130 LA MESA BLVD. #715 LA MESA, CA 91941	
2. Principal Place of Business 2561 Nursery Rd Suite, Apt. #, etc. Suite D City & State Clearwater Zip 33764		3. Mailing Address 12157 West Lencough Suite, Apt. #, etc. #356 City & State Tampa, FL Zip 33626	
Country, USA		Country, USA	
4. FEI Number 59-3697852		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 LIPSON; SAUL 1515 UNIVERSITY DR #222 CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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, if not printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		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	D PENDERY, RICK 8130 LA MESA BLVD. #715 LA MESA, CA 91941	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pendery, Rick 1600 Misty Plateau Clearwater, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTRUM, JOY 8130 LA MESA BLVD. #715 LA MESA, CA 91941	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Westrum, Joy 1600 Misty Plateau Clearwater, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, MIKE 140 ISLAND WAY, #300 CLEARWATER, FL 33767	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/13/04 Daytime Phone #: 727-797-0199	