


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90052 027 ****61.25

DOCUMENT # N01000000975 1. Entity Name SECOND CHANCE PROGRAM, INC.																																																																																																																	
Principal Place of Business 2561 NURSERY RD STE D CLEARWATER, FL 33764			Mailing Address 12157 WEST LENABOUGH #356 TAMPA, FL 33626x																																																																																																														
2. Principal Place of Business 12157 West Lenabough Suite, Apt. #, etc. #356			3. Mailing Address Suite, Apt. #, etc. 																																																																																																														
City & State Tampa, FL			City & State 																																																																																																														
Zip 33626		Country 		4. FEI Number 59-3697852																																																																																																													
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 55%;">PENDERY, RICK</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">1600 MISTY PLATEAU</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">CLEARWATER, FL 33765</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>WESTRUM, JOY</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">1600 MISTY PLATEAU</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">CLEARWATER, FL 33765</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>KAPLAN, MIKE</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">140 ISLAND WAY, #300</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">CLEARWATER, FL 33767</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 55%;">RICK PENDERY</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">P.O. Box 5282</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">Clearwater, FL 33758</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>JOY WESTRUM</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">P.O. Box 5282</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">Clearwater, FL 33758</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	PENDERY, RICK	STREET ADDRESS	1600 MISTY PLATEAU			CITY-ST-ZIP	CLEARWATER, FL 33765			TITLE	D	<input type="checkbox"/> Delete	WESTRUM, JOY	STREET ADDRESS	1600 MISTY PLATEAU			CITY-ST-ZIP	CLEARWATER, FL 33765			TITLE	D	<input type="checkbox"/> Delete	KAPLAN, MIKE	STREET ADDRESS	140 ISLAND WAY, #300			CITY-ST-ZIP	CLEARWATER, FL 33767			TITLE		<input type="checkbox"/> Delete		STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Delete		STREET ADDRESS				CITY-ST-ZIP				TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	RICK PENDERY	STREET ADDRESS	P.O. Box 5282			CITY-ST-ZIP	Clearwater, FL 33758			TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	JOY WESTRUM	STREET ADDRESS	P.O. Box 5282			CITY-ST-ZIP	Clearwater, FL 33758			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS				CITY-ST-ZIP			
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/6/05 727-771-6165 Date Daytime Phone #																																																																																																													