

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000000975

1. Entity Name

SECOND CHANCE PROGRAM, INC.



Principal Place of Business

**12157 W LINEBAUGH
#356
TAMPA, FL 33626**

Mailing Address

**12157 W LINEBAUGH
#356
TAMPA, FL 33626**



03242006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-3697852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LIPSON, SAUL
1515 UNIVERSITY DR #222
CORAL SPRINGS, FL 33071**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PENDERY, RICK
P O BOX 5282
CLEARWATER, FL 33758**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WESTRUM, JOY
P O BOX 5282
CLEARWATER, FL 33758**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAPLAN, MIKE
140 ISLAND WAY, #300
CLEARWATER, FL 33767**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000516046
04/29/06-80234-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

727-771-6165

Date

Daytime Phone #