

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000859

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** SECOND CHANCE PRISON MINISTRIES, INC.

**Current Principal Place of Business:**

3001 N.W. 46TH STREET  
TAMARAC, FL 33309

**New Principal Place of Business:**

1230 SE 4TH AVENUE  
C/O DIANA WATEROUS CENTORINO, ESQ.  
DAVIE, FL 33316

**Current Mailing Address:**

33542 DICKENS CIRCLE  
NORTH RIDGEVILLE, OH 44039

**New Mailing Address:**

**FEI Number:** 36-4499144      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CENTORINO, DIANA  
1230 SE 4TH AVENUE  
FORT LAUDERDALE, FL 33316      US

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: DC      ( ) Delete  
Name: RICE, DAVID R REV.  
Address: 27613 SW 46 AVE  
City-St-Zip: NEWBERRY, FL 32669

Title: D      ( ) Delete  
Name: CANAN, PERY  
Address: 4233 N.W. 61ST COURT  
City-St-Zip: COCONUT CREEK, FL 33073

Title: DPST      ( ) Delete  
Name: GRAFF, JANET  
Address: 3001 N.W. 46TH STREET  
City-St-Zip: TAMARAC, FL 33309

Title: DVVC      ( ) Delete  
Name: WILSON, MARLA  
Address: 3001 N.W. 46TH STREET  
City-St-Zip: TAMARAC, FL 33309

Title: D      ( ) Delete  
Name: ARNEL, STEPHANIE  
Address: 811 SE 7TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D      ( ) Delete  
Name: LEMASTER, LINDA  
Address: 8105 NW 71 AVENUE  
City-St-Zip: TAMARAC, FL 33321

**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:

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: JANET GRAFF

PRES

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date