2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000859

Entity Name: SECOND CHANCE PRISON MINISTRIES, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
		CENTORINO, ESQ.			
Current Mailing Address:			New Mailing Address:		
	KENS CIRCLE IDGEVILLE, OH	H 44039			
FEI Number:	36-4499144	FEI Number Applied For ()	FEI Number Not Appl	Olicable () Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:	
1230 SE 4 FORT LAU The above	NO, DIANA TH AVENUE JDERDALE, FL named entity s e of Florida.		rpose of changing i	its registered office or registered agent, or both	١,
SIGNATUR					
SICIVATOR		c Signature of Registered Ager	t	Date	-
OFFICERS	S AND DIRECT	ORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO	RS:
Title: Name: Address: City-St-Zip:	DC () RICE, DAVID R I 27613 SW 46 AV NEWBERRY, FL	√E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CANAN, PERY 4233 N.W. 61ST COCONUT CRE		Title: Name: Address: City-St-Zip:	D (X) Change () Addition CANAN, PERY 170 SE 6TH CT POMPANO BEACH, FL 33060	
Title: Name: Address: City-St-Zip:	DPST () GRAFF, JANET 3001 N.W. 46TH TAMARAC, FL 3		Title: Name: Address: City-St-Zip:	DPST (X) Change () Addition GRAFF, JANET 33542 DICKENS CIRCLE NORTH RIDGEVILLE, OH 44039	
Title: Name: Address: City-St-Zip:	WILSON, MARL 3001 N.W. 46TH	STREET	Title: Name: Address: City-St-Zip:	DVVC (X) Change () Addition WILSON, MARLA 33542 DICKENS CIRCLE NORTH RIDGEVILLE, OH 44039	
Title: Name: Address: City-St-Zip:	D () ARNEL, STEPHA 811 SE 7TH AVE POMPANO BEA	ENUE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LEMASTER, LINDA 8105 NW 71 AVENUE TAMARAC, FL 33321	
Title: Name: Address: City-St-Zip:	D (X) LEMASTER, LIN 8105 NW 71 AVI TAMARAC, FL 3	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 04/28/2009