

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000859

FILED  
Apr 30, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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)**

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

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

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

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

Title: DPST  
Name: GRAFF, JANET  
Address: 33542 DICKENS CIRCLE  
City-St-Zip: NORTH RIDGEVILLE, OH 44039

Title: DWVC  
Name: WILSON, MARLA  
Address: 33542 DICKENS CIRCLE  
City-St-Zip: NORTH RIDGEVILLE, OH 44039

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

I hereby 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 all other like empowered.

SIGNATURE: JANET GRAFF

PRES

04/30/2010

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

\_\_\_\_\_  
Date