2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002327

FILED Apr 29, 2005 Secretary of State

Entity Name: SECOND CHANCE MINISTRY, INC. **Current Principal Place of Business: New Principal Place of Business:** 8081-4 NORMANDY BLVD JACKSONVILLE, FL 32221 **Current Mailing Address: New Mailing Address:** 8081-4 NORMANDY BLVD. JACKSONVILLE, FL 32221 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROWN, TOMMY L 8081-4 NORMANDY BLVD. US JACKSONVILLE, FL 32221 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete BROWN, TOMMY L JR Name: Name: Address: 1863 WELLS ROAD #115. Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: DV Title: () Delete () Change () Addition Name: FIELDS, LISA L Name: Address: PO BOX 77298 Address: City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: Title: DST () Delete Title: () Change () Addition BROWN, DESHAWNDER Name: Name: 1863 WELLS ROAD #115 Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TOMMY L BROWN JR DP 04/29/2005