2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N03000002327

Entity Name: SECOND CHANCE MINISTRY, INC.

Current Principal Place of Business:

8081-4 NORMANDY BLVD.
JACKSONVILLE, FL 32221

New Principal Place of Business:

5026 PLYMOUTH STREET
UNIT 7
JACKSONVILLE, FL 32205

Current Mailing Address:

8081-4 NORMANDY BLVD.
JACKSONVILLE, FL 32221

New Mailing Address:

5026 PLYMOUTH STREET
UNIT 7
JACKSONVILLE, FL 32205

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
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:

BROWN, TOMMY L
8081-4 NORMANDY BLVD.
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

BROWN, TOMMY L
5026 PLYMOUTH STREET
UNIT 7
JACKSONVILLE, FL 32205 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: TOMMY L BROWN 05/01/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BROWN, TOMMY L JR
Address: 1863 WELLS ROAD #115.
City-St-Zip: ORANGE PARK, FL 32073

Title: DV ( ) Delete
Name: BROWN, DESHAWNDER
Address: 1863 WELLS ROAD #115
City-St-Zip: ORANGE PARK, FL 32073

Title: DST ( ) Delete
Name: FIELDS, LISA L
Address: P.O. BOX 77298
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BROWN, TOMMY L JR
Address: 1572 GUARDIAN DRIVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: DV (X) Change ( ) Addition
Name: BROWN, DESHAWNDER
Address: 1572 GUARDIAN DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TOMMY L BROWN DP 05/01/2006
Electronic Signature of Signing Officer or Director Date