

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90086 010 ****61.25

DOCUMENT # N05000004963

1. Entity Name
2ND CHANCE COUNSELING INC.



Principal Place of Business
**9951 ATLANTIC BLVD
SUITE 126
JACKSONVILLE, FL 32225**

Mailing Address
**9951 ATLANTIC BLVD
SUITE 126
JACKSONVILLE, FL 32225**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142006

Chg-NP

CR2E037 (11/05)

4. FEI Number

20-152 9791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EDMONDSON, DERENDA D
1369 MARSH GRASS CT.
JACKSONVILLE, FL 32218**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DERENDA DENISE Edmondson

3-13-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HARVEY, PATRICIA DR
STREET ADDRESS 223 CONNEMARA DRIVE 6-D
CITY-ST-ZIP MYRTLE BEACH, SC 29579

TITLE D ☐ Delete
NAME FREEMAN, EUNICE DR
STREET ADDRESS 403 WILLOW CT.
CITY-ST-ZIP CHARLESTON, SC 29420

TITLE D ☒ Delete
NAME RODGERS, MARY DR
STREET ADDRESS 4043 BAYMEADOWS - SUITE B
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE D ☐ Delete
NAME EDMONDSON, DERENDA
STREET ADDRESS 1369 MARSH GRASS CT.
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Hall Joyce
STREET ADDRESS 7632 Southside Blvd, Apt 372
CITY-ST-ZIP Jacksonville FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DERENDA DENISE Edmondson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-06 904 724-9960