2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 02, 2007 8:00 am Secretary of State 05-02-2007 90087 022 ****61.25 DOCUMENT # N05000004963 1. Entity Name 2ND CHANCE COUNSELING INC. 40100505 Principal Place of Business Mailing Address 9951 ATLANTIC BLVD 9951 ATLANTIC BLVD **SUITE 126** SUITE 126 JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04182007 Chq-NP CR2E037 (12/06) City & State City & State 4. FEI Number 20-1529791 Applied For Not Applicable Zip Country , Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDMONDSON, DERENDA D 1369 MARSH GRASS CT. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32218 City 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 erule Ed minchys SIGNATURE X Derenda Edmondson 4/26/07 (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filling Fee is \$61.25 \$5.00 May Be П Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Brown Cordee ☐ Change NAME HARVEY, PATRICIA DR NAME 9951 Atlantic Blvd Suite 126 STREET ADDRESS 223 CONNEMARA DRIVE 6-D STREET ADDRESS Jacksonville FL 32225 CITY-ST-ZIP MYRTLE BEACH, SC 29579 CITY-ST-ZIP TITLE XX Delete TITLE Hall Joyce NAME FREEMAN, EUNICE DR NAME 9951 Atlantic Blvd Suite 126 STREET ADDRESS 403 WILLOW CT. STREET ADDRESS Jacksonville FL 32223 CITY-ST-ZIP CHARLESTON, SC 29420 CITY-ST-ZIP Jones Ann TITLE Delete TITLE 9951 Atlantic Blvd Suite 126 NAME RODGERS, MARY DR. NAME STREET ADDRESS 4043 BAYMEADOWS SUITE B Jacksonville FL 32225 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32218 CITY-ST-ZIP TITLE ☐ Delete TITLE Dr. ☐ Change **▼** Addition EDMONDSON, DERENDA DR. NAME NAME Stephanie James STREET ADDRESS 1369 MARSH GRASS CT. STREET ADDRESS 951 Atlantic Blyd Suite 126 Jacksonville FL 3225 CITY-ST-ZIP JACKSONVILLE, FL 32218 CITY-ST-ZIP Yankowky Barbara TITLE TITLE Delete Change Addition NAME NAME 501 W. State Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32246 TITLE Delete TITLE Treasuer Demetta Vereen 9951 Atlantic Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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.

Derenda Edmondson

CITY-ST-7IP

erele Edminish SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

4/26/07

5/1X FL 32225

Daytime Phone #

FILED

2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT							
DOCUMENT # N05000004963 1. Entity Name 2ND CHANCE COUNSELING INC				ATTACHMENT			
		•	THE STATE OF THE S			,	
9951 ATLANTIC BLVD 995 Suite 126 Sui		Mailing Address 9951 ATLANTIC BLVD SUITE 126 JACKSONVILLE, FL 32225		110101	1616		
Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	Mailing Address		1505		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04182007 Chg-NP CR2E037 (12/06) 4. FEI Number Applied For		
		City & State				Applied For Not Applicable	
Zip Country		Zip	Country	5. Certificate of Status Desire	ed \$8.75 Ac Fee Requir	ditional ed	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
EDMONDSON, DERENDA D			Name	Street Address (P.O. Box Number is Not Acceptable)			
1369 MARSH GRASS CT. JACKSONVILLE, FL 32218				Street Audress (P.O. Box Nothings is Not Acceptable)			
			City		FL Zip Co	de	
The above named entity submits this statement for the purpose of changing its registered of				tered agent, or both, in the State of	<u></u>	n, and accept	
the obligations of registered agent.							
SIGNATURE Device and controls Derenda Edmondson 4/26/07 Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent algorithm rejnature required when reinstating) DATE							
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	· · · —	\$5.00 May Be Added to Fees	Make check payable Florida Department of :	State	
10.	OFFICERS AND DIRE	ECTORS	11.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS I		
TITLE	D	Delete		rown Cordee	Change	Addition	
NAME STREET ADDRESS	HARVEY, PATRICIA DR 223 CONNEMARA DRIVE 6-D		ATACET LODDERA	951 Atlantic Blvd			
CITY-ST-ZIP	MYRTLE BEACH, SC 29579		CITY-ST-ZIP	acksonville FL 32			
TITLE	D SECTION SUBJECT DE	≭ Delete	TITLE Ha	ll Joyce	☐ Change	Addition	
NAME STREET ADDRESS	FREEMAN, EUNICE DR 403 WILLOW CT.			l Atlantic Blvd S			
CITY-ST-ZIP	CHARLESTON, SC 29420		CITY-ST-ZIP Ja	cksonville FL 322	23		
TITLE NAME	D RODGERS, MARY DR.	Delete	TITLE JOS	nes Ann 1 Atlantic Blvd S	uite 126 🗆 Change	Addition	
STREET ADDRESS	4043 BAYMEADOWS SUITE B			ksonville FL 3222			
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP				
TITLE NAME	D EDMONDSON, DERENDA DR.	☐ Delete	NAME Sto		☐ Change	Addition	
STREET ADDRESS	1369 MARSH GRASS CT.			phanie James 1 Arlantic Blvd S	Suite 126		
CITY-ST-ZIP	JACKSONVILLE, FL 32218			l Atlantic Blyd 222	.5		
TITLE NAME		☐ Delete	1	nkowky Barbara	Change	Addition	
STREET ADDRESS			STREET ADDRESS	l W. State Street	***		
CITY-ST-ZIP			CITY-ST-ZIP Jac	ksonville FL 3224	16		
TITLE NAME		☐ Delete	TITLE TY	easuer että Vereen I Atlantic	☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS 995				
CITY-ST-ZIP				ax FL 32225			
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: Deruk Edmondson 4/26/07							