


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90087 022 \*\*\*\*61.25

<b>DOCUMENT # N05000004963</b>	
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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40100505



04182007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1529791	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 <u>Derenda Edmondson</u> Signature, typed or printed name of registered agent and title if applicable.	Derenda Edmondson	4/26/07 DATE
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, PATRICIA DR 223 CONNEMARA DRIVE 6-D MYRTLE BEACH, SC 29579 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brown Cordee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9951 Atlantic Blvd Suite 126 Jacksonville FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, EUNICE DR 403 WILLOW CT. CHARLESTON, SC 29420 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hall Joyce <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9951 Atlantic Blvd Suite 126 Jacksonville FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODGERS, MARY DR. 4043 BAYMEADOWS SUITE B JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jones Ann <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9951 Atlantic Blvd Suite 126 Jacksonville FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMONDSON, DERENDA DR. 1369 MARSH GRASS CT. JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Stephanie James <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9951 Atlantic Blvd Suite 126 Jacksonville FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yankowky Barbara <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 501 W. State Street Jacksonville FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Demetria Vereen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9951 Atlantic Jacksonville 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: <u>Derenda Edmondson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Derenda Edmondson	4/26/07 Date	Daytime Phone #
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ATTACHMENT

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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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EDMONDSON, DERENDA D 1369 MARSH GRASS CT. JACKSONVILLE, FL 32218		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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SIGNATURE Derenda Edmondson Derenda Edmondson 4/26/07  
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, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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SIGNATURE: Derenda Edmondson Derenda Edmondson 4/26/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #