2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2008
Secretary of State

DOCUMENT# N05000004963

Entity Name: 2ND CHANCE COUNSELING INC.

Current Principal Place of Business:

9951 ATLANTIC BLVD
SUITE 126
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

9951 ATLANTIC BLVD
SUITE 126
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-1529791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

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

Name and Address of New Registered Agent:

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:

Title:	D	(X) Delete
Name:	BROWN, CORDEE	
Address:	9951 ATLANTIC BLVD SUITE STE 126	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	HALL, JOYCE	
Address:	9951 ATLANTIC BLVD SUITE STE 126	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	JONES, ANN	
Address:	9951 ATLANTIC BLVD SUITE STE 126	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	EDMONDSON, DERENDA DR.	
Address:	1369 MARSH GRASS CT.	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:	D	( ) Delete
Name:	JAMES, STEPHANIE DR	
Address:	9951 ATLANTIC BLVD SUITE STE 126	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	YANKOWKY, BARBARA	
Address:	501 W STATE STREET	
City-St-Zip:	JACKSONVILLE, FL 32246	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: DERENDA EDMONDSON DR 07/04/2008

Electronic Signature of Signing Officer or Director — Date