

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004963

FILED
Feb 09, 2009
Secretary of State

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 ()

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 () 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 (X) 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:

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 D. EDMONDSON

CEO

02/09/2009

Electronic Signature of Signing Officer or Director

Date