

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008056

FILED  
Jan 26, 2007  
Secretary of State

Entity Name: ANOTHER CHANCE ACADEMY, INC.

## Current Principal Place of Business:

1061 LINE STREET  
JACKSONVILLE, FL 32209

## New Principal Place of Business:

## Current Mailing Address:

435 SMITH STREET  
JACKSONVILLE, FL 32204

## New Mailing Address:

FEI Number: 20-5300808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

YOUNG, REGINA  
1061 LINE STREET  
JACKSONVILLE, FL 32209 US

## Name and Address of New Registered Agent:

WILLIAMS, DARRIEL  
435 SMITH STREET  
JACKSONVILLE, FL 32204 US

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: DARRIEL L WILLIAMS

01/26/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILLIAMS, DARRIEL L  
Address: 435 SMITH STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP ( ) Delete  
Name: YOUNG, REGINA  
Address: 1061 LINE STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: SEC ( ) Delete  
Name: CARTER, PATRICIA  
Address: 544 W. 15TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: TRE ( ) Delete  
Name: KIRKPATRICK, IZELLAS  
Address: 572 ROLLO STREET  
City-St-Zip: JACKSONVILLE, FL 32210

Title: ATT ( ) Delete  
Name: JENKINS, LASHAWN D ESQ  
Address: 3542 S. OXLEY CIR.  
City-St-Zip: MESA, AZ 85212

## 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: TRE (X) Change ( ) Addition  
Name: JENKINS, LASHAWN D ESQ  
Address: 3542 S OXLEY CIR.  
City-St-Zip: MESA, AZ 85212

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DARRIE L WILLIAMS

PRES

01/26/2007

Electronic Signature of Signing Officer or Director

Date