

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009395

FILED
Apr 29, 2009
Secretary of State

Entity Name: SECOND BEGINNINGS ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

7306 MAPLE TREE DR.
JACKSONVILLE, FL 32277 US

New Principal Place of Business:

Current Mailing Address:

7306 MAPLE TREE DR.
JACKSONVILLE, FL 32277 US

New Mailing Address:

FEI Number: 20-5501210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNCAN, ERVIN
4386 JIGGERMAST AVE
JACKSONVILLE, FL 32277 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: P () Delete
Name: DUNCAN, YVONNE R
Address: 7306 MAPLE TREE DR.
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: VP () Delete
Name: DUNCAN, ERVIN
Address: 7306 MAPLE TREE DR
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: DUNCAN, TARA N DIR
Address: 7306 MAPLE TREE DR.
City-St-Zip: JACKSONVILLE, FL 32277

Title: O () Change (X) Addition
Name: TAMARA, DUNCAN N OFFICER
Address: 7306 MAPLE TREE DUNCAN
City-St-Zip: JACKSONVILLE, FL 32277

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: YVONNE DUNCAN

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date