

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009395

FILED  
Apr 28, 2010  
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:**

DUNCAN, ERVIN  
7306 MAPLE TREE DR  
JACKSONVILLE, FL 32277 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: ERVIN DUNCAN

04/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DUNCAN, YVONNE R  
Address: 7306 MAPLE TREE DR.  
City-St-Zip: JACKSONVILLE, FL 32277 US

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: YVONNE DUNCAN

PRES

04/28/2010

Electronic Signature of Signing Officer or Director

Date