

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010382

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: 2ND CHANCE LEAGUE INC.

**Current Principal Place of Business:**

11705 CHAPELLE COURT  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

11705 CHAPELLE COURT  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCDOWELL, ALISON  
11705 CHAPELLE COURT  
CLERMONT, FL 34711 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: PD ( ) Delete  
Name: MCDOWELL, ALISON  
Address: 11705 CHAPELLE COURT  
City-St-Zip: CLERMONT, FL 34711

Title: VD ( ) Delete  
Name: TACKOS, SHANNON  
Address: 22396 SWORDFISH DR  
City-St-Zip: BOCA RATON, FL 33428

Title: TD ( ) Delete  
Name: MCDOWELL, SEAN  
Address: 11705 CHAPELLE COURT  
City-St-Zip: CLERMONT, FL 34711

Title: SD ( ) Delete  
Name: TACKOS, KATHLEEN  
Address: 911 NW 109 TERR  
City-St-Zip: CORAL SPRINGS, FL 33071

**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:

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: ALISON MCDOWELL

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date