

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011110

FILED
Apr 22, 2009
Secretary of State

Entity Name: SECOND CHANCE FELLOWSHIP, INC.

Current Principal Place of Business:

1745 EAST HWY 50
SUITE B1
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 121684
CLERMONT, FL 34712 US

New Mailing Address:

FEI Number: 26-1413055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HITTE, JASON E SR.
427 BALBOA BLVD.
CLERMONT, FL 34715 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: PRES () Delete
Name: HITTE, JASON E SR.
Address: 427 BALBOA BLVD.
City-St-Zip: CLERMONT, FL 34715 US

Title: SEC () Delete
Name: HITTE, CAROLINE A
Address: 427 BALBOA BLVD.
City-St-Zip: CLERMONT, FL 34715 US

Title: TRES () Delete
Name: BACHMANN, WILLIAM R
Address: 10703 MASTERS DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: VP () Delete
Name: JOHNSON, THOMAS
Address: 17312 MAGNOLIA ISLAND BLVD
City-St-Zip: CLERMONT, FL 34711 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TRES (X) Change () Addition
Name: BACHMANN, WILLIAM R
Address: 2550 CITRUS TOWER BLVD APT.#12106
City-St-Zip: CLERMONT, FL 34711 US

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: JASON E. HITTE SR.

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date