

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004169

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** SECOND CHANCE FARMS, INC.

**Current Principal Place of Business:**

4410 NW 129TH STREET  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

4410 NW 129TH STREET  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 30-0484915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACDONALD, KRISTIN DVM  
4410 NW 129TH STREET  
GAINESVILLE, FL 32606 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:** DIRE  
**Name:** MACDONALD, KRISTIN DVM  
**Address:** 4410 NW 129TH STREET  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** ST  
**Name:** TATE, AMY  
**Address:** 13306 NW SR 45  
**City-St-Zip:** HIGH SPRINGS, FL 32643

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:** KRISTIN MACDONALD

DIRE

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date