

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006006

FILED
Apr 29, 2009
Secretary of State

Entity Name: SECOND CHANCE SOCIETY OF USA, INC.

Current Principal Place of Business:

1835 4TH AVENUE
FT LAUDERDALE, FL 33316

New Principal Place of Business:

1835 SE 4TH AVENUEIR
FT LAUDERDALE, FL 33316

Current Mailing Address:

1835 4TH AVENUE
FT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 32-0255209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OWEN, PAT
2100 S OCEAN DRIVE
APT 17L
FT LAUDERDALE, FL 33316 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: DP () Delete
Name: BURT, LEE
Address: 2648 NE 27TH AVE
City-St-Zip: FT LAUDERDALE, FL 33306

Title: DVPS () Delete
Name: OWEN, PAT
Address: 2100 S OCEAN DRIVE, APT 17L
City-St-Zip: FT LAUDERDALE, FL 33316

Title: DT () Delete
Name: REICHARDT, BETTY
Address: 2015 SW 82 AVE
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: BURT, LEE VICE-PR
Address: 2648 NE 27TH AVE
City-St-Zip: FT LAUDERDALE, FL 33306

Title: DIR (X) Change () Addition
Name: OWEN, PAT PRES.
Address: 2100 S OCEAN DRIVE, APT 17L
City-St-Zip: FT LAUDERDALE, FL 33316

Title: DIR (X) Change () Addition
Name: REICHARDT, BETTY SEC/TRE
Address: 2015 SW 82 AVE
City-St-Zip: DAVIE, FL 33324

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: PAT OWEN

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date