2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 22, 2000 8:00 am
Secretary of State
04-25-2000 90114 024 ****70.00

DOCUMENT # N46767

1. Entity Name

SECOND CHANCE OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
222 E BEACH DR PANAMA CITY FL 32401	PO BOX 16012 PANAMA CITY FL 32406-6012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3094842 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARRINER, CLELL 608 EAST 6TH COURT PANAMA CITY FL 32401	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P WARRINER, CLELL 608 EAST 6TH COURT PANAMA CITY FL 32401	☐ Delete	T/PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GREEN, KENNETH V 241 HIGH THOMAS DR PANAMA CITY FL 32404	☐ Delete	T/TREAS 241 HUGH THOMAS DR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS SIMMONS, JENNY 4202 TRANSMITTER PANAMA CITY FL 32404	☒ Delete	S/SECY D/AOUST, MARY J 2143 BRIARWOOD CR PANAMA CITY, FL 32405	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE DIRECTOR SIMMONS, JENNY T 4202 TRANSMITTER RD PANAMA CITY, FL 32404	☐ Delete	D/DIRECTOR	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/19/00 850/769-7779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #